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EXPLORING THE QUALITY OF NURSING EDUCATION AT A COLLEGE IN THE NORTH WEST: STUDENTS' VOICES

By

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Dissertation submitted in fulfilment of the requirements for the degree Master of Nursing Science at North West University, Mafikeng Campus

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DECLARATION

I, **Ntshediseng Prudence Mkhokheli** declare that **EXPLORING THE QUALITY OF NURSING EDUCATION AT A COLLEGE IN THE NORTH WEST: STUDENTS' VOICES** is my own work and has not been previously accepted at any university for any degree and is not concurrently submitted in candidature for any degree and the sources used have been appropriately acknowledged.

NPMkhokheli

Signature **Date:** April 2017

N. P. Mkhokheli

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DEDICATION

This dissertation is dedicated to the memory of my late father

Mr Moses Malepa Khaile

You played a vital role in my education, you believed in me.

THANK YOU FOR BEING MY INSPIRATION. YOUR MEMORY GAVE ME THE URGE TO CARRY ON.

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ABSTRACT

Background: Quality in higher education institutions (HEIs) is no longer an option, it is a compelling factor. It is highly demanded by all stakeholders of higher education (HE), hence nursing education institutions (NEIs) as providers of nursing education (NE) should provide quality nursing education as it impacts across the general public. Quality in nursing education directly impact on the quality of clinical care rendered hence there is a dire need to offer quality amidst growing student numbers at NEIs.

Purpose: The purpose of this study was to explore and describe the perceptions of nursing students regarding the quality of Nursing Education (NE) they received and to make recommendations with regard to the quality of Nursing Education.

Method: An explorative, descriptive and contextual qualitative design was followed in this study. The study was guided by the SERVQUAL Model which comprises of five constructs. The primary customers of NE are nursing students, therefore a purposive sampling technique was used and thirteen (13) final year students from two campuses of the public nursing college in the North West were interviewed informed by data saturation. Individual, semi – structured interviews were conducted. Trustworthiness was ensured in accordance with the principles of credibility, transferability, dependability and confirmability. Data were captured on audiotape and transcribed verbatim. Field notes were taken during the interviews and immediately thereafter.

Results: Five (5) themes emerged from the findings in line with the guiding model. The first theme described the quality of NE, focussing on theoretical and clinical teaching and learning. The second theme discussed the motivation arising from both the academic and clinical staff as agents who shape professionalism in nursing students. The third theme discussed the role of resources as perceived by students in their education. The fourth theme focussed on the interactions between students and lecturers as well as how it related to their education .The last theme discussed curriculum appropriateness as perceived by final year students.

Conclusion: The results of the study indicated a negative quality gap in all the themes identified and the largest gap was in the resources. The findings imply that there was a need for improvement across all five themes identified. The conclusions based on the study was that student's expectations and perceptions on quality of nursing education at a college in the North West was poor. This presented a challenge to the Nursing Education Institution (NEI) as quality

was on demand by all stakeholders of Nursing Education. The researcher therefore recommended that a total revitalisation of infrastructure and intensified investment in the academic resources was necessary.

Key words: Quality of nursing education, nursing college, nursing student and voices

LIST OF ABREVIATIONS

ETQA	Education and Training Quality Assurance
HE	Higher Education
IT	Information Technology
IHQ	Indicators of High Quality
KPI	Key Performance Indicators
NDoH	National Department of Health
NE	Nursing Education
NEI	Nursing Education Institution
NSSA	Nursing Strategy for South Africa
NWDoH	North West Department of Health
NWP	North West Province
PI	Performance Indicators
RPL	Recognition of Prior Learning
SANC	South African Nursing Council
SRC	Student Representative Council

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CHAPTER 1

ORIENTATION TO THE STUDY

1.1 Introduction

Quality in higher education (QHE) is compelling since it is the driving force of all successful higher education institutions (HEIs) and should be regarded as such by all HEIs. Quality is even more crucial in NEIs (nursing education institutions) as the service provided by its products impact largely on the general public. There is a seamless link between quality nursing education and patient outcomes (Botma, 2014:1). As a result, employers demand for skilled and efficient health workers in order to enhance positive patient outcomes and thus limit potential litigations as a result of poor quality education. Furthermore, the trend for globalisation sparks an interest of stakeholders in excelling HEIs, which continually aim at quality improvement (Yeo, 2008:267). These views necessitated the need to explore the perceptions on quality of nursing education by the students as key stakeholders. Accordingly, the aim of this study was to assess quality of nursing education as perceived by students. This chapter highlights the background and rationale of the study, problem statement, purpose and objectives of the study, conceptual framework and the research methodology used.

1.2 Background and Rationale of the study

Yeo (2008: 268) states that students have an interest in institutions which provide unique learning experiences, with the expectation that the products of quality education will be change agents and successfully meet the workplace dynamics (Rivers, Nie, & Armellini, 2014:588; Grainger & Bolan, 2006:40). Interestingly, there has been a rapid increase in the yearly intake of student nurses and the throughput of nursing education institutions (NEIs). The expansions in the student numbers occurred as a direct response to societal needs for health care services because of the quadruple burden of disease and the brain drain of the elite professionals (Breier, Wildschut, Mgqolozana, 2009:11). An explorative study by Burruss, Billings, Skiba and Connors (2009:33) on the relationship of class size against student outcomes indicate that growths in student intake by higher education institutions (HEIs) increase the challenges of learning needs. As a result, there is a general concern whether NEIs prepare their students adequately to provide quality care upon exit from their programmes (Jacobs, Mackenzie, & Botma, 2013:4).

Similarly, the Nursing Strategy for South Africa (Department of Health, 2011:12) states that a potential challenge entrenched in the student expansions in NEIs is a compromise in quality nursing education. Accordingly, the primary issue needing urgent redress is: "How can nursing remain a profession providing great access into its ranks to the majority without compromising the quality of education and training (Department of Health, 2011:12)? This burning question points to the need for a robust investigation into the provision of quality education at nursing colleges in the forever changing societal dynamics (Breier, Wildschut & Mgqolozana , 2009:14). It was based on these reasons that the researcher sought to explore the voices of final year student nurses on the quality of nursing education offered at the college of interest. Through the students' voices, the study pursued to shed light on whether or not the NEI of interest provided quality nursing education, addressing the needs and expectations of students as expected.

Inherent in change are benefits and challenges but that does not stop stakeholders of HE to continually demand on quality education irrespective of the changing dynamics (Vargo in Gamage, Suwanabroma, Ueyema, Hada & Sekikawa, 2008:182). This notion is attested by the noted vastness and widening conceptualizations of "quality" in HE in use. Whittaker, Shaw, Spieker and Linegar (2011:60) state that quality in higher education is a `relative concept' in that it's meaning is determined by the user of the term and the circumstances in which it is used. It is defined by Grainger and Bolan (2006:40) as a means of getting knowledge, skills and qualifications that will increase employability chances and transform the lifestyle of its recipients and those of their families. Whittaker et al. (2011:60) and Ansari and Moseley (2011:173) refer to quality nursing education as the extent to which an institution is willing to deliver the needs and expectations of students. The transformation associated with quality nursing education is the development of cognitive, psychomotor and affective domains in a student (Billings & Halstead, 2009:161). The common denominator in the definition of quality higher education is that it is essential.

The abundance in the conceptualisations of quality in higher education implies that there are multiple stakeholders. Dahl and Smimou (2011:583); Dalrymple and Srikanthan (2007:182) and Yeo (2008:269) have identified important key stakeholders in HE as students, employers, lecturers, parents and the community at large. Therefore precise identification of appropriate stakeholders to evaluate the service rendered is crucial as inaccurate identity may result in inappropriate quality initiatives.

Many scholars are in consensus that students are the primary stakeholders of higher education and must be treated as such since they are the primary recipients of higher education (Dahl & Smimou, 2011: 583; Gamage, Suwanabroma, Ueyama, Hada & Sekikawa, 2008:183). As a result, the view of embracing student influence in HE governance has grown greatly (Higher Education Quality Committee, 2001:1), compelling NEIs to ascertain what their target markets' perceptions or indicators of high quality are. Quantitative studies on nursing students in Singapore by Cleary, Happell, Lau and Mackey (2013:63) stressed the pivotal role and relevance of students' evaluations on quality of education offered at HEIs. Since students' expectations matter, the study prioritised student nurses as primary stakeholders whose opinions and expectations about the nature of quality in nursing education was explored.

In South Africa student nurses are trained at public nursing colleges, universities and private nursing schools. Traditionally, the major output of nursing professionals were produced by the public nursing colleges, although the trend is currently changing. The South African Qualification Authority (SAQA) has appointed Education and Training Quality Assurance (ETQA) bodies to monitor education provided at higher education institutions. Nursing colleges as institutions of HE are supposed to comply with the pre-set requirements in order for them to be accredited. The South African Nursing Council (SANC) is the ETQA for nursing. It accredits NEIs and the programmes offered at such institutions. The last visit by SANC to the nursing education institution of interest was in April 2012 and it identified gaps in the provision of quality nursing education. Several recommendations were made with regard to the standardisation of academic programmes before the renewal of the accreditation certificate. The visit resulted in changes regarding standardization on quality issues on teaching and learning as well as assessment on the entire R425 (four year diploma). Despite accreditation by the SANC, elements of deep student dissatisfaction have lingered as determined by the study and literature shows that there is a relationship between student satisfaction level and the quality of education offered (Gamage et al., 2008:195). The researcher was thus prompted to hear the voices of the students regarding the quality of nursing education for which they are recipients.

SAQA stipulates Critical Cross Field Outcomes (CCFOs) to be achieved at all HEIs and these refer to broad, generic cross-curricular outcomes that are useful for and result from all teaching and learning (Killen, 2010:395). Among others, the CCFOs include, to work effectively within a group, problem identification and solving using critical thinking and decision making, the

use of technology and science effectively and effective use of communication. A teaching and learning environment embracing quality ensures that the CCFOs are operationalized and not just remain dreams. Therefore the realisation of CCFOs in nursing education will result in quality education.

In order to address the multiple challenges encountered by nursing education, the use of technology has been used in many ways to expand faculty and educational resources (Allan & Aldebron, 2008:292). In the nursing college under study, use of IT was a challenge in that the computer laboratory was ransacked in 2010 and has remained dysfunctional to the time of the study. However, according to the minutes dated 30th May 2016, MTN, a telecommunications company, has funded a campus of the college and is currently on site refurbishing the laboratory, the project is still in progress. The student population furthermore comprises of students with previous nursing knowledge and a significant number of them are not sufficiently competent in the use of IT. Most first year students are from previously disadvantaged communities and therefore unable to use technology to its optimum in a learning and teaching environment. However, the curriculum does not accommodate IT tutorials in line with a study conducted by Dahl and Smimou (2011:585) which revealed student dissatisfactions with non – IT tutorials. It was therefore necessary to explore the views of the nursing students at a college in the North West regarding this facet of teaching and learning.

The mission statement of the college studied by the current research reflect quality education as a key component of the college as reflected by the 2016 multicampus Rules and Regulations (NWDoH, 2015:1).The findings of a quantitative study in Japan and Thai private universities revealed that stakeholders of higher education judged educational institutions against the articulated mission statements (Gamage, Suwanabroma, Ueyama, Hada & Sekikawa, 2008:182). If the institution aspires to excel, quality is to be measured against the set standard. Nursing education institutions recognise the importance of 'quality nursing education, hence the primary aim of nursing education is to produce competent nurses that can provide quality care (Bruce, Klopper & Mellish, 2011: 14). Furthermore NEIs are not oblivious of the fact that multiple factors play a role in achievement of the cited primary aim of NE. Literature reveals that students considered quality of academic staff, quality of programmes and the NEIs reputation as important factors that influenced their perceptions of service quality (Cleary, Happell, Lau, & Mackey, 2013:63). In addition, a cross sectional descriptive study conducted in Nigeria on factors hindering teaching and learning in NEIs emphasised that resources play

a vital role in higher education since they can enhance and or impede quality of education. (Anarado, Agu & Nwonu, 2016:42).

One of the most significant factors in the provision of quality education is human resources. It is appreciated that the academic staff at the college are well recruited, all having a minimum qualification of a basic degree in nursing and a mandatory qualification in nursing education. The recruitment of staff with the appropriate qualification is crucial in the realisation of quality education. In addition, quality teaching and learning requires that teachers be approachable, empathetic and have good communication skills. Student generally rate interactions with lecturers highly in their education. Both lecturers and students fully understand that 'learning arises not through interaction, but in interaction' (Ellis, 2006: 209). However, even well-meaning lecturers might have minimal interactions with their students because of large student numbers. An exploratory descriptive study on nursing students by Buruss, Billings, Brownrigg, Skiba and Connors (2009:33) classified a class with above 40 students as very large. The high student – lecturer ratio affects academic strategies used for teaching and learning. Instead of using effective transformative strategies, enabling Critical Cross Field Outcomes to be met, teacher centred strategies are generally employed. A lot of lecturers opt for middle of the road approaches in order to reach the heterogeneous, large student population (Yeo, 2008:270).

Furthermore, it is difficult to conduct feedback dialogue of formative assessments in large classes because according to Nicol and Macfarlane – Dick (2006:199) who asserted that meaningful feedback focuses not only on strengths and weaknesses, but also on offering corrective advice, directing students to higher order learning goals and is inclusive of commendation and building reproach.

Physical resources are another important factor in quality education and among others include the classrooms, the library and simulation laboratory. Compromised or absence of these education resources have a direct impact on the quality of education. Anarado, Agu and Nwonu (2016: 42) observed that a gap in library facilities at specific NEIs hindered on the quality of clinical teaching and learning. The researchers suggested that the library should be well equipped with the latest study material and be accessible to both lecturers and students in order to produce quality nurses. In emphasising the need for supporting infrastructure, Dalrymple and Srikanthan (2007:189) purport that until people can make their work space a learning space, learning will always be a nice shallow idea. The statement suggests that institutions

should give priority to the classroom size, library space and laboratories (Norman, Bradshaw, Schneider, Pieterse & Groenewald, 2006: 150). The significance of physical resources as revealed in the literature prompted the researcher to explore the perceptions and experiences of the participants in this regard.

The government, as the funder of public NEIs has not remained silent on embracing quality in NEIs. There has been an increasing public sector attention on improving quality (Whittaker et al, 2011, 10). The resolute support to quality improvement was displayed by the National Department of Health (NDoH) as reflected in the publication on the Negotiated Service Delivery Agreement which stated one of its objectives as improving quality at all levels of the health system including nursing education . A national audit of nursing colleges was conducted in 2010 and the nursing college in question was also visited. The audit identified major gaps on student: lectures ratios, infrastructure and other factors vital for excellence in NE. A total revitalization of some nursing colleges were recommended, but the implementation was not yet evident.

Furthermore, a government initiative geared towards quality service delivery, called the Khaedo Commission, visited a campus of the college in 2013. Quantitative and qualitative studies including management, academic staff and the student representative council (SRC) at a campus of the college revealed areas of concern on issues directly impacting on quality of teaching and learning and related student dissatisfaction. The findings of the Commission recommended some immediate changes and some long term solutions which reflected back and affirmed the National Audit findings of 2010. The two initiatives by the national government show that the provision of quality nursing education is a matter of service concern.

Gardner, Deloney and Grando (2007:98) state that nursing professionals form the backbone of the health care structure and a huge number of them are produced by the public colleges. The major concern of the stakeholders of nursing education is whether the students who are the primary recipients of nursing education are sufficiently prepared by the NEIs to render them desirable candidates for potential employers. Moreover, national studies establish that most of the clinical challenges plaguing the nursing profession stem from nursing education (Department of Health, 2008:10). It is therefore significant that studies investigating quality in nursing education institutions be conducted. Hence there is a dire need to hear the voices of the students regarding the quality of nursing education they lay open to.

The concern is justified as there is a seamlessly interwoven link between curricula of nursing education and clinical care provided to the public.

1.3 Problem Statement

South Africa faces a nursing crisis characterised by shortage and declining interest in the profession and this shortage is complicated by the South African quadruple disease burden. Predicted workforce shortages have resulted in government initiatives to increase student numbers in pre-registration nursing education and the NDoH instructed the National, Provincial and Regional departments to increase student enrolments. In the past five years the North- West nursing college increased its yearly intake to 300 students with the greatest gain in the pre-registration nursing programme in the R425 programme. As a result the yearly intake of first level students in the 4 year diploma programme is 150 students per campus. The official numbers expected for release from North West nursing college to do mandatory community service in rural health facilities were more than 336 nurses in 2011. The college then produced 305 nurses in the 4 year diploma program in 2012, 342 nurses in 2013 and 389 nurses in 2014 as targeted by the department. On average this translates to an output of 160 students per campus per year. The difference in the output number as opposed to the input was largely caused by student failing and repeating other levels of study.

The increase in yearly enrolment created some teaching and learning quality challenges across the campuses. In addition, the increase was done without adequate planning including proportionate accompanying increase of resources (human, finances and physical) to enable the campuses to cope with the demand caused by increased student intake. At the graduation ceremony held in September 2015, the multi campus head issued a statement on the academic staff vacancy ratio that it stood at an alarming 30%. Lecturer attrition has since progressed through resignations and retirements. College quality challenges were manifested by a number of unrests from the students in the past five years (2010 – 2015) which compromised quality of nursing education. Therefore students' views on all aspects of their education experiences are widely canvassed and regarded as essential to the effective monitoring of quality in learning institutions. These views are meant to form some of the wide range of data that are useful to the regulatory and accreditation bodies to make judgments about levels of performance in a particular college. The critical question then is: "Can the already compromised lecturers continue to offer QNE amidst increase in student intake? It is based on these facts that the

researcher sought to explore the perceptions of the primary customers, which are the students, regarding the quality of nursing education they received.

1.4 Research Questions

The role of questions in research should never be underestimated (LoBiondo – Wood & Haber, 2010:96). Successful questioning can be achieved by setting a guiding hypothesis, followed by sub – questions or by making use of grand tour questions. The following questions emanated from the problem statement and were developed guided by the SEVQUAL Model:

1. What are your perceptions about the quality of nursing education at the college?
2. In your opinion, how relevant and reliable do you find the curriculum?
3. What are your perceptions on the resources at the college?
4. In your perception, to what an extent is individualised student care provided, and how accessible are your educators?
5. To what an extent are your needs as a student being met?
6. How ready and confident do you feel to go out and practice as a professional nurse?
7. What recommendations will you make to nursing education, nursing practice and nursing research in order to improve the quality of nursing education?

1.5 Research Purpose and Objectives

Burns and Grove (2009:85) state that the purpose of any study concerns the research purpose and the objectives of the study. The purpose of this contextual explorative descriptive study was to explore and describe the quality of nursing education at the college in the NWP by soliciting responses from students.

- **Objectives of the Study**

The objectives that guided this study were:

1. To explore and describe the perceptions of the students regarding the quality of nursing education offered at a college.
2. To make recommendations that can be used to improve the quality of nursing education at the college.

1.6 Researcher's Assumptions

According to Burns and Grove (2009:39), assumptions are statements that are considered true even though they have not been tested in any way, they are embedded in behaviour and thoughts. Theories and instruments are developments based on assumptions and may or may not be recognised by a researcher. The researcher's assumptions are vital because they influence and direct development and implementation of the research process. The following discussion addresses the meta – theoretical assumptions, the theoretical assumptions and the theoretical model which guided the present study.

1.6.1 Meta – Theoretical Assumptions

The assumptions outlined in this discussion are not scientifically tested, but they formed the basis of the present study. The researcher is a Christian and based on her Christian beliefs, made meta – theoretical assumptions on the following concepts: Man, Health and QNE, Environment and Nursing.

- **Man**

Man was created from the image of God who is the personification of love, wisdom, justice and power. Man's quest to optimally fulfil his God given wisdom drives him to endlessly search for knowledge. In this study man will refer to a student nurse, whose desire to access greater wisdom in nursing education has compelled him /her to come for training. He / she therefore needs a training institution and nurse educators or lecturers who will administer nursing education with justice, ensuring that QNE is offered. Being an intellectual being, a student nurse is rightfully positioned to assess what is quality for her / him. Furthermore, as a social being within the nursing fraternity, the student nurse must successfully corroborate theoretical knowledge gained at the college with the clinical realm if she is a recipient of quality nursing education.

- **Health and quality nursing education**

Health is a state of total wellbeing, encompassing the social, mental and spiritual aspect, not just the absence of physical illness. The synergy of these four aspects allows a person to function adequately and independently as a member of the community. As a member of the health care system, a student nurse is expected to render such holistic care to the ailing. A student nurse can achieve such a goal only if she / he is a recipient of quality nursing education which builds his /her capacity adequately for the working environment. Quality nursing

education provide capacity to the student in the following domains, cognitive, psychomotor and affective domain.

- **Environment**

According to the South African school dictionary, environment is defined as the conditions that surround someone or something or the conditions that influence and affect the growth, health and progress of someone or something (Oxford, 2010:206). In this study the environment was a public nursing college in the North West Province where the training of nurses occur. It is within this environment that quality theoretical lessons which should relate well to skills demonstrated at the simulation laboratories and implemented at clinical institutions should be taught. The theoretical modules offered are informed by the curriculum approved by the SANC, international and national directives and local community needs. The lessons are facilitated in classrooms and vital supporting infrastructure like the library, simulation and computer laboratories are needed to enable quality education. The practical skills are fortified at accredited clinical institutions. Students need support and mentoring by knowledgeable lecturers as well professional nurses in clinical skills acquisition.

- **Nursing**

Nursing as a profession is viewed by the researcher as a dynamic science which further incorporates other sciences from other fields and is geared towards lifelong learning. Furthermore, nursing is a caring career based on the principles of humaneness. The student nurses therefore need to be mentored by nurse educators who are empathetic towards the students' educational needs, displaying virtues of approachability and kindness. Moreover, the lecturers needed to be at par with the latest research trends, thus will be relevant and facilitating information in appealing ways. This would lead the NEI to equip its educators on new technological advances and promote the implementation of transformational strategies in the provision of quality nursing education. Students further needed clinical personnel that are willing to assist students towards professional growth.

1.6.2 Theoretical Framework

This section clarifies the model that guided the study which was the SERVQUAL model. Theories are a systematic way of looking at the world and describing the phenomena explored in this study. Theoretical assumptions are encompassing models as well as theories. In this section concepts will be defined as well. The study was guided by the SERVQUAL model

because it has been successfully used in higher education and it captures both the perceptions and expectations of the students (Yeo, 2008:271 & Pradela, 2015:1673).

1.6.2.1 The SERVQUAL Model

In this 21st century, the global competition among service providers is to render quality service to customers, hence the choice of the SERVQUAL model in this study. The model was developed to assess customer perceptions of service quality in the business industry (Parasuraman, Zeithaml & Berry, 1988:12). It can be used to rate quality as observed by the customer against what the service provider is offering as quality. The emerging gap then becomes a driver for quality improvement by the service provider as she or he understands the wishes of the customers. Yeo (2008:271) adopted the model in assessing quality education and identified the three key ingredients for fostering QHE as customer orientation, the course design and support services. In the context of this study the customer will be the students. As earlier discussed, there are multiple stakeholders in HE, however, the focus is on the students as they are the primary recipients of NE offered by the college that was sampled and are therefore the best people to comment on the "quality of nursing education" they received.

The SERVQUAL model is based on five constructs, referred to as the RATER, which are reliability, assurance, tangibles, empathy and responsiveness (Yeo, 2008:270; Manuel, 2008:23 & Pradela, 2015:1673). These constructs can be related to NE in the following manner:

- **Reliability** – the ability to perform services accurately and dependably.

The NEI should be able to render quality as it promised through its vision and mission. It should not undersell, rather, it could oversell its vision and mission since it is assessed through its given yardstick. If the quality of nursing education is plausible, the benefits becomes like an umbrella, NE satisfies all secondary stakeholders. Service specifications such as course content, delivery period and strategies used to deliver content and its relevance in the clinical field should meet the expectations of the students consistently, bridging the theory – practice gap. Therefore, students as recipients of nursing education can best comment on what they perceive and expect to be quality education.

- **Assurance** – Ability of employees to inspire confidence and trust

As earlier alluded, quality is multifaceted and in this study students were the primary stakeholders and they judged quality education according to their perceptions and expectations

which understandably may differ from the service provider that is the NEI. However, service provision should generally be good, especially when addressing major needs. According to Yeo (2008:270), shortcomings in one service can be offset by service par excellence in a more important service or course. As quality is multifactorial, if main services as perceived by students are satisfactorily met, this can modify students' expectations, making them more tolerant to other areas encompassing their education. Lecturers who are facilitators of theoretical lessons and most immediate contact persons with students, can have a profound impact on inspiring students.

- **Tangibles** – These address the physical facilities and equipment

Facilities and equipment should reflect positively on the image of the NEI. In nursing context, important infrastructure would include among others class size or capacity, library services, computer laboratories and simulation rooms. These structures should be well resourced to enable quality teaching and learning. In emphasising the need for supporting infrastructure, Dalrymple and Srinkanthan (2007:189) argue that if physical resources in education do not get the attention they deserve, quality education will remain a frustrated plan.

- **Responsiveness** – Willingness to help and respond to customers' needs

The societal dynamics are forever changing and this calls for a progressive evaluation on the needs of student, those that affect academia directly and non-directly, so that necessary changes can be effected. The college therefore has a duty to examine whether the curriculum meets the needs and expectations of students as opposed to the demands of the work environment and whether it promotes fulfilment of the SANC requirements. As students are members of the society as well, the NEI should further look into efficacy of social support services as needed by students.

- **Empathy:** The extent to which caring individualised service is given

NEIs should pay an acceptable amount of attention to students. The ratio of student /lecturer should not compromise valuable interactions with students. According to Gardner et al. (2007; 100), students appreciate lecturers who connect with them, encouraging and supporting them. The advantage of the SERVQUAL model over others is that it encompasses both the perceptions and expectations of students on the quality of education offered, thus the whole picture is captured rather than the experience of teaching only.

The model guided the researcher in the choice of appropriate research method and proper construction of research questions. The five constructs of the framework informed the researcher to follow an explorative, descriptive and contextual qualitative research design as

the researcher believed it would give rich narratives about the key components that addresses quality education rather than following a quantitative research. According to Polit and Beck (2008:274) an exploratory research begins with a phenomenon of interest, which was quality of education in this research, which the framework addressed. The research questions were developed in lieu of the five constructs of the framework, each research question addressing a component or several constructs at a time. **Figure 1.1** Depicts an overview of the model used to guide the data collection and analysis in this study

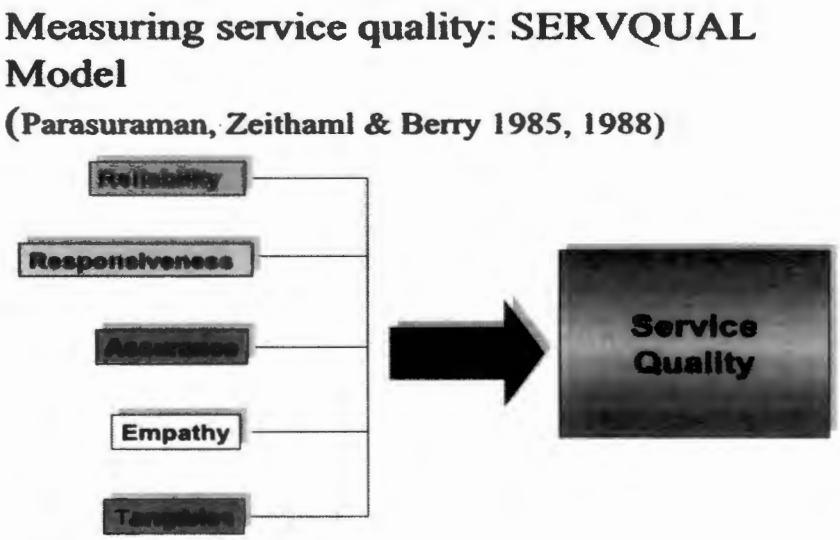

Figure 1: The SERVQUAL Model

The depiction of the model shows that there is correlation and corroboration of the five constructs for service quality to be obtained, in this study the service being the nursing education offered.

1.6.2.2 Definition of Key Concepts

The following discussion reflects the definition of concepts used regularly in this study to provide clarity and contextualisation.

- **Nursing College**

Nursing college refers to a post-secondary educational institution which offers professional nursing education at basic and post-basic levels. Such nursing education should have been approved in terms of section 15(2) of the Government Notice No R425 (South African Nursing

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Council, 1985). In this study, a nursing college refers to two institutions in the North West Province, accredited by the SANC and providing basic nursing education and training.

- **Nursing Education**

Education refers to the act of informing and training a learner, accompanying a learner from the limited known to the broader unknown knowledge, skills and attitudes (Mellish, Brink, & Paton, 2001:5). Nursing education has two major components, the theoretical and the clinical components which are seamlessly interwoven (Scully, 2010:96). Therefore nursing education relates to a process of guiding a student nurse, providing theoretical information of the nursing science and art as approved by the SANC and combining it with the clinical realm through skill acquisition. In this study students voiced their perceptions on the theoretical and clinical components in the pre -registration diploma programme.

- **Quality in higher education (QHE) / Quality in nursing education (QNE)**

Dalrymple and Srinkanthan (2007:182) explains the students' perception of quality in higher education as excellence through transformation. Quality nursing education translates into an independent, analytical, reflective practitioner who is a lifelong learner and well equipped to provide quality nursing care at the clinical institutions. The transformation quality education yields in is change in self – image , equipping the individual with more competencies and resultant change in attitudes (Armellini, 2015: 1) Therefore quality nursing education will translate to all aspects of students which impact on the teaching and learning of such students. According Dalrymple and Srinkanthan (2007:183) quality education is the ability of the organisation to meet and surpass customer expectations. In the context of this research, QNE refers to the ability of the NEI through its enabling resources to facilitate theoretical content in such a manner that students can transfer it to the clinical world and be able to reflect and make proper clinical decisions.

- **Student Nurse**

Refers to a student registered with the South African Nursing Council in a programme leading to a qualification as a registered nurse. In this study, a student nurse refers to a final year student registered with the college under study in the programme R425 with the South African Nursing Council under section 23 of the Nursing Act, No.50 of 1978, as amended.

- **Students voices**

The South African Oxford dictionary (2010:663) defines voices as sounds spoken through the mouth of any living species, most especially human beings in speaking, screaming and

shouting. In this study, students' voices refer to the perceptions of students as expressed by themselves with regard to quality in nursing education.

1.7 Research Design and Method

Brink, van der Walt and van Rensburg (2012:96) define research method as a technique used to organise and structure a study in a logical manner from the beginning to the end. The researcher chose a qualitative research approach because it was the most appropriate design to answer the purpose of the study, objectives as well as the research questions. Creswell (2014:195) describes it as an approach that seeks to understand more about a phenomenon, a social process or a culture from the perspective of the people who are experiencing the phenomenon. In the context of this study a qualitative research approach was followed because students voiced out their feelings, perceptions and expectations regarding the quality of nursing education they received from the college.

1.7.1. Paradigm Perspective

The philosophical basis of qualitative research is interpretative, naturalistic and humanistic in nature. Burns and Grove (2009: 24) posit that research is concerned with the understanding of the meaning of social interaction by those involved, in this case the final year students. It is interpretative in the sense that it is concerned with studying reality as it is constructed by people, who are insiders and the way they interpret and give meaning of the phenomenon under investigation to their lives.

1.7.2 Research Design

The study followed an explorative, descriptive, contextual design in order to capture the voices of students and to get a better understanding of the phenomena of interest in the research. (Creswell, 2014:195). An explorative design was used by the researcher to expose perceptions and opinions of participants as direct recipients of nursing education. The descriptive design was utilised because the researcher needed the participants to describe their feelings about the quality of nursing education they received from the college. The study is contextual because it occurred within the context of a nursing college, which was a natural setting where nursing students receive nursing education.

1.7.3 Setting

According to Polit and Beck (2012:743) the setting is the location where the research is actually carried out including natural locations or laboratories that are highly or partially controlled by the researcher. Qualitative research occurs in natural settings, therefore, the study was carried out at a public nursing college in the North West Province. The restructuring of the higher education system led to the merger of previously independent HEIs in order to reduce the number HEIs. Hence, the NEI of interest is a multicampus institution; with two campuses, individually accredited by the South African Nursing Council (SANC) .The multicampus head office is in Mmabatho, in the Ngaka Modiri Molema District. One campus is situated in Mmabatho, and the second campus is in Klerksdorp, approximately 200km apart. In this study the two institutions are referred to as campuses A and B respectively. The college offers different nursing programmes, the major programme being the four year undergraduate diploma course, regulated by Government Gazette No 425 of 22 February 1985 of the SANC as amended. This programme leads to Diploma in (General, Psychiatric, and Community) and Midwifery Nursing Science. The quality of education offered by the college was explored by interviewing students from this group. The college 2016 total enrolment for the four year diploma students was n = 606 at Campus A and n = 505 at campus B. For the first time in the past 5 years, the input of first year levels was reduced to 100 students per campus because of the gross shortage of lecturers. In addition, for 2016 the college enrolled n =174 students in other programmes such as bridging and post registration programmes at Campus A and n =113 at Campus B.

1.7.4 Population and Sample

In this study the population were all final year students registered with the college for the year 2016 in the pre -registration programme leading to registration as professional nurses. The fourth years have been exposed to nursing education offered at the college for a maximum period of time. Therefore they are at a better position to comment about the quality of nursing education, and since they are at the exit level, they can do so without fear of potential prejudice.

A non-probability, purposive sampling design was used to select participants who would describe their experiences and perceptions about the quality of nursing education offered at the nursing college. Purposive sampling is also known as judgment, selective or subjective sampling. It is a sampling technique in which a researcher relies on his or her own judgment when choosing members of a population to participate in a study (Burns & Grove, 2009: 716).

In this study the participants met the eligibility criteria as thoroughly described in chapter 2 of the present study.

1.7. 5. Sample size

Streubert, Speziale and Carpenter (2011:25) define data saturation as a point at which repetition or confirmation of previously collected data occurs. The size of the sample was controlled by saturation of information, which occurred after interviewing n=13 participants.

1.7.6 Data Collection

Open-ended semi - structured interviews with field notes, observational and descriptive notes were the data collection strategies and they provided participants the opportunity to describe their experience of the phenomenon of interest. They are discussed in detail in chapter 2.

1.7.7 Data Analysis

Data analysis is the categorising, ordering, manipulating and summarizing the data and describing them in meaningful terms (Brink et al, 2012:177). Data analysis commenced soon after in-depth individual interviews were carried out.

1.7.8 Trustworthiness

To ensure the trustworthiness of the study, the researcher adopted the model of Lincoln and Guba (1985) cited in (Brink et al., 2012:172). The four criteria of the model are credibility, dependability, confirmability and transferability. These criteria and strategies were implemented in the study to establish trustworthiness and are fully discussed in chapter 2 of this study.

1.8 Ethical Measures

Compliance to ethical principles is a must in any study involving humans as participants. The ethical principles of beneficence, respect for persons and justice were fully recognised and this was attained by employing the following ethical measures:

- **Ethical Clearance**

Data collection only occurred after ethical clearance was granted by the North – West University (Certificate no. NWU 00421-15-A9). See annexure 1.

- **Permission to conduct research**

The researcher requested and was granted a written permission by the Department of Health, North West Province (see annexure 2 and 3) to conduct a study in its institutions. Permission was also sought and received from managers of the campuses in which research was carried out, (see annexure 4, 5, 6 and 7).

- **Informed consent**

Informed consent was obtained from the students who were interested to participate in the study. A written letter of request was given to the students followed by a thorough verbal explanation of what the study entailed, so that informed consent could be given, (see annexure 8).

- **Protecting the rights of participants**

To uphold the principle for human dignity, the researcher allowed participants to exercise their right to participate in the study or not, without any coercion. They were informed of their right to withdraw from the study at any time if they felt uncomfortable without the fear of being prejudiced.

- **Protecting the rights of campuses**

The data collection occurred after permission was granted by institution managers and it occurred mostly outside college hours.

- **The right to anonymity**

This right was reiterated at the beginning of each interview carried out. It was ensured by not addressing the participants with personal names, rather, codes were allocated to the interviewees, thus making it difficult to link a response to a particular participant.

- **Principle of beneficence and non – maleficence**

According to Muller (2009:67) beneficence relates to promoting good and non-maleficence means not to inflict any harm. The study did not involve any clinical trials therefore no physical injury was inflicted to participants .The study was aimed at promoting good for students, educators, NEI's and clinical practice.

- **Principle of justice**

Muller (2009:67) explains this principle as the ability of the researcher to treat participants fairly and equally during the research process. The researcher therefore did not select the participants on the basis of race, social class or cultural indifferences.

1.9 Significance of the study

The study findings may assist the NEI in curriculum development and the findings will provide the NEI with the needed baseline information against which to further evaluate the quality of NE in the future. It is further hoped that quality nursing education will be offered as perceived by the primary recipients rather than what the NEI perceives to be quality. It is further hoped that policy makers will understand and accommodate the needs of the students and thus quality time lost on class and clinical boycotts will be saved thus producing competent and mission compliant students. The clinical practice and the communities as end users of the products of NE will benefit from quality nursing services they will be providing. Finally, the results will provide auditable evidence that students were given an opportunity to comment on the quality of nursing education at the college.

1.10 Limitations of the study

Burns and Grove (2009:487) explain limitations as the restrictions on, or in, the study that may decrease the generalizability or transferability of the findings. The study limitations can either be conceptual or methodological, the former restrict the abstract generalizability or transferability of the findings while the latter restrict the population to which findings can be generalised or transferred. This study focused specifically on finalist students in the pre - registration diploma programme only. The study findings cannot be transferable to other groups of nursing students registered at the college, e.g. post basic students or to nursing students at university and in private NEIs. Furthermore, the analysis is only valid for the period during which the investigation was conducted.

1.11 Dissemination of the results

The outcome of the study will be disseminated through:

- Presentations to the participants and important role players in nursing education.
- The publishing of results in peer reviewed and accredited journals.

1.12 Outline of the study

The research report is outlined as follows:

Chapter 1: Orientation to the study

Chapter 2: Research design and methodology

Chapter 3: Data analysis and literature control

Chapter 4: Conclusions, limitations and recommendations

1.13 Conclusion

This chapter outlined the background of the research, the problem statement, study objectives and its goals as well as the clarification of key concepts. In addition the research design and methodology, measures to ensure trustworthiness and ethical consideration were reflected. Chapter 2 focuses on the research design and methodology in detail.

CHAPTER 2

RESEARCH DESIGN AND METHODOLOGY

2.1 Introduction

The previous chapter outlined an orientation to the study and this chapter reflects a detailed discussion of research design adopted and the research methodology employed in the investigation. A description of participants and the data gathering techniques employed are provided, explaining how the data were gathered and analysed.

2.2 Purpose of Research Study

The purpose of this explorative, descriptive, contextual qualitative research was to explore and describe the perceptions of the student nurses regarding the quality of nursing education offered at a nursing college in the North West Province. The following objectives emanated from the research purpose:

- To explore and describe the perceptions of the students regarding the quality of nursing education offered at the college.
- To make recommendations that can be used to improve the QNE at the college.

2.3 Research Methodology

The research method is a vital component of the research study, therefore time should be invested in giving thick details thereto (Moule & Goodman, 2009:190). Brink, van der Walt and van Rensburg (2012:96) define a research method as a set of logical steps taken to answer a research question. It forms the blueprint of the study or entire strategy followed from identification of the problem to final plans encompassing data collection and analysis (Moule & Goodman, 2009:168). This study used three (3) phased research process outlined in the following discussion.

- **Conceptual Phase**

The conceptual phase was characterized by the formulation of the research question, the objectives and the purpose of the study. In this study the researcher conducted a literature review before submitting the proposal, which was a prerequisite for the commencement of the

study. The reason was to obtain more background knowledge about the phenomenon under investigation.

- **Planning Phase**

This involved the research design and planning of the study. The researcher used interviews as the data collection instrument and the sample were the participants who met the eligibility criteria. A non-probability sampling design and purposive sampling were used.

- **Empirical phase**

The empirical part of a research study involve the actual data collection, analysis and interpretation of data. The data collection occurred using semi- structured interview with each of the participants. Field notes were made during the interview and data analysis started as soon as the first interview had been obtained.

2.3.1 Qualitative research Approach

The researcher pursued a qualitative approach as it was found most appropriate to respond to the research objectives and purpose. In addition the researcher wanted the voices of students to be heard as primary recipients of nursing education and these voices to inform other key stakeholders in embracing the quality of nursing education. Qualitative methods are, for the most part, intended to achieve the depth of understanding of human experiences (Brink et al., 2012:120).

Creswell (2014:195) considers qualitative research to be an approach that seeks to understand more about a phenomenon, a social process or a culture from the perspective of the people who are experiencing the phenomenon, in this particular case, student nurses experiencing nursing education. Polit, Becker and Hungler (2006:239) describe it as a more fluid design in that it is research with the people, rather than on the people, meaning that, it is interactive in nature. It focuses on people's perceptions, opinions, feelings and experiences within a naturalistic context (Creswell, 2009:162). Therefore, the experiences are unique and rich knowledge and insights can be generated through face –face contact to present a genuine picture of the participants' reality in their natural setting (Moule & Goodman, 2009:174). In this particular study the natural setting was the public nursing college, where nursing education was facilitated to nursing students. The researcher previously worked at a campus of the college, however at the time of data collection she had already resigned. She therefore knew that there would be differing world views from hers on the phenomena of interest (quality of nursing education). Qualitative research best suited the study as it accommodates many truths to a phenomenon

under study and the departure point should be from the insider's perspective (Burns & Grove, 2009:60). Creswell (2009:162) describes the characteristics of qualitative research as the focus on the process and outcome of a phenomenon and emergent rather than tightly prefigured .The researcher's role was therefore to observe and interpret the emerging data as experienced by her participants.

2.3.2 Research Design

An exploratory, descriptive and contextual qualitative design was used in this study to address the research questions. The following section gives the dimensions of exploratory, descriptive and contextual design.

- **Exploratory research design**

The explorative design was used in order to obtain a better meaning of the phenomena under investigation as explained by Creswell (2014:195). The design aims at generating meaning and in – depth understanding from situations in which little is known (Brink et al., 2012: 120 – 121; LoBiondo & Haber, 2010:102). According to Moule and Goodman (2009:205), qualitative approaches facilitate the exploration of relationships and human experience within the natural setting. Through exploration, the students' interactive association with the lecturers, how they shape the students' education was thickly described. In this study, an explorative design would explore the experiences of nursing students as direct recipients of NE. The design was appropriate as there is a dearth of literature about the perceptions of students on the QNE offered at public colleges. A lot of available studies on the quality of education are not within the same context and are explanatory in nature. Hence the researcher opted for exploratory research in the context of a public nursing college.

- **Descriptive research design**

Descriptive studies in qualitative research involve use of words and / or observation of feelings displayed or verbalised. It entails a deeper and intense examination of a phenomenon under investigation, hence yield in detailed descriptions (De Vos, et. al., 2011:109). The descriptive design was utilised because the researcher needed to allow the participants to describe their perceptions and feelings about the quality of nursing education they received from the college. The descriptive study required the researcher to enter the field with an open mind, leaving her preconceptions behind as explained by Moule and Goodman (2009:209). Teaching and

learning in NE could be tactile, visual and auditory; therefore the researcher needed to accurately capture the descriptions given by students on their experiences.

- **Contextual research design**

Contextual studies are carried out in natural settings and the context is only valid within the time and context specified (Holloway & Wheeler, 2006:192). Studies in natural settings allow researchers to make sense of and interpret the phenomenon under investigation (Lincoln in Moule & Goodman, 2009:207). In this study contextual design was appropriate as the researcher followed the participants in their natural setting, which was a public nursing college. The nursing college is situated in the North West Province, in South Africa and has two campuses, one in Mmabatho and the second campus in Klerksdorp. The two campuses were initially independently managed and individually accredited by the SANC. Following the call for higher education institutions to merge, the two NEIs merged to become one college. The multicampus office is in Mmabatho. The major programme offered by both NEIs is the undergraduate programme four year diploma course (R425). It is the final year students from this programme who related their experiences regarding the quality of education offered by the nursing college based on their experiences of more than three years.

2.3.3 Research process

This section reflects the following research processes: population, sampling, inclusion and exclusion criteria, data collection, data analysis and trustworthiness observed during the research process.

- **Population and sample**

Brink et al. (2012:130) state that a study population is the entire group of persons or objects that are of interest to a researcher; in other words, meeting the criteria the researcher is interested in investigating. The authors define a sample as a part or fraction of a whole, or a subset of a larger set, selected by the researcher to participate in a research study. They further describe sampling as a process of selecting a group of people, events, behaviours or other elements from the entire accessible target population.

- **Population**

In order to fulfil the aim and objectives of this study, the registered final year students in the undergraduate programme were selected as the population to be studied. Final year students were therefore chosen as a target population because of their maximum period of exposure to nursing education at the college. They could therefore give rich narratives on the quality of

education they received at the nursing college, without any fear of prejudice as they were at the exit level. They were thoughtfully and purposefully selected because they were considered to be more knowledgeable and information rich with regards to the phenomenon of interest.

- **Sample**

Sampling is done in order to set boundaries for data collection (Brink et al., 2012:130). It was stated in chapter 1 that the number of students admitted in the selected programme was significantly high. Therefore, not all students could be used for the research project, only a sample, representing the entire population could be accessed. Such a sample, which consists of elements, is selected from a target population by means of probability or non-probability methods (Brink et al., 2012:130).

Purposive sampling was employed in data collection, according to Creswell & Plano Clark (2011:130), this involves identifying and selecting individuals or groups of individuals that are especially knowledgeable about or experienced with a phenomenon of interest. A sample is considered purposive or judgemental when participants are consciously chosen (Burns & Grove 2009:501). In this study purposive sampling method proved to be effective because student numbers in the selected programme was significantly high and only a limited number of people serve as primary data sources due to the nature of research design, aims and objectives.

- **Inclusion Criteria**

Final year students in the four (4) year pre - registration diploma programme registered for the year 2016. The finalist students have been exposed to maximum degree of nursing education offered by the college. Furthermore, they are at the exit level and it was anticipated that they would provide valuable information without biases especially that the researcher was not directly involved in their teaching and learning at the time of their study.

- **Exclusion Criteria**

All registered students in other programmes but the four year pre - registration diploma programme and all junior students in the preregistration diploma programme that is first to third year level student nurses were excluded from the study.

2.4 Data Collection

The following discussion focuses on the processes followed by the researcher immediately preceding data collection. Following the ethical clearance from the North West University (Annexure 1), permission was sought and granted by the North West Department of Health (Annexures 2 & 3) to conduct the study at the campuses. The permission letter was attached in request letters to the campus manager (annexures 4, 5 and 6) to collect data. The above letters, together with the student consent forms are attached as annexures to the study.

Prior to the actual data collection process, final year students were requested to participate in the study. A thorough explanation of what the study entailed and clarity on what was expected of them as participants was given. It was explained to them that no direct personal benefits would be awarded to them for participating in the study but indirectly, as the primary stakeholders of nursing education, they would benefit as would other stakeholders of nursing education. Confidentiality was reiterated and the researcher discussed with the participants how the findings would be disseminated. Furthermore, the researcher informed and requested the participants about the use of audio – recorder. Thereafter, a written letter of request was given to the participants and a consent form was issued to be voluntarily signed (see Annexure 8). The participants were assured that the audio recordings would only be accessible to the appropriate people that are the researcher, supervisor and ethics committee.

Data collection process is critical to the success of any study hence it needs proper planning (Brink et al, 2012:147). The researcher is the primary tool who decides where and how data will be collected in order to best address the research objectives, questions and purpose (Streubert & Carpenter, 20011:22). Data collection in qualitative studies primarily uses interviews. The interviews are face- to face interactions with participants that can be individual dialogues or can occur in a group setting (LoBiondo & Haber, 2010:105).

In this study data collection was conducted through individual semi – structured interviews. Semi structured interviews fall within the two major classifications, structured and unstructured interviews (Brink et al, 2012:157 - 158). The researcher chose the semi – structured type over others as it allows a flow and a measure of flexibility in questioning, allowing probing where necessary in order to obtain rich data. The probing remained focussed on the phenomenon under investigation as a result of the use of an interview guide.

- **Data Collection Instrument**

The probing remained focussed on the phenomenon under investigation as a result of the use of an interview guide. A semi – structured interview guide was formatted with seven open ended questions in accordance with Moule and Goodman (2009:302). Open ended questions are relevant in qualitative studies as the researcher wanted to explore the perceptions, views or beliefs of participants on a specific phenomenon. The questions were developed guided by use of the adapted SERVQUAL Model. Questions 1 – 6 were constructed in such a way that they would address the five constructs and question 7 addressed the quality gap identified .The questions were developed in the following manner guided by the SERVQUAL:

Research Question 1: What are your perceptions about the quality of nursing education at the college?

This question was inclusive of multiple constructs of the SERVQUAL Model, namely 1) Reliability, 2) Assurance 3) Tangibles and 4) Responsiveness. It was hoped it would address the quality of nursing education looking at both the theoretical and clinical teaching components. It was constructed with the aim of revealing whether the programme was dependable, addressing stakeholders' needs and expectations and whether it had resources to accomplish the advocated quality mission statement.

Research Question 2: In your opinion, how relevant and reliable do you find the curriculum?

This research question was formulated specifically to address curriculum relevance as perceived by the students. It related to the Reliability construct of the guiding model.

Research Question 3: What are your perceptions on the resources at the college?

This question was formulated to address the tangibles construct of the SERVQUAL Model. It was hoped to shed light on the availability of resources at the college and how they impacted on the quality of education.

Research Question 4: In your perception, to what an extent is individualised student care provided, and how accessible are your educators?

The construct of assurance in the guiding model yielded in development of Research Question 4. The question was formulated with the aim of shedding light on ability of lecturers to inspire students towards professional growth.

Research Question 5: To what an extent are your needs as a student being met?

This question was formulated to address empathy on the SERVQUAL Model. It was hoped it would reveal the degree of support and individualised care students received in addressing their teaching and learning needs.

Research Question 6: How ready and confident do you feel to go out and practice as a professional nurse?

This question was formulated to examine the overall impact of quality of nursing education with regard to students' readiness for employment. Whether it prepared them thoroughly for employment or not. It was inspired by multiple constructs of the SERVQUAL Model, namely, reliability and responsiveness.

Research Question 7: What recommendations will you make to nursing education, nursing practice and nursing research in order to improve the quality of nursing education?

Question 7 was developed to get recommendations from students in order to address quality gaps that would have been raised by the students. The emerging gap then becomes a driver for quality improvement by the service provider as is the aim of the SERVQUAL

Furthermore, the expert advice from Department of Nursing science Research committee, the visiting research professors and the study supervisor aided in the development of the research tool.

The interview guide (Annexure 9) was developed in English as it is the medium of instruction at the college, however, language was not permitted to become a barrier to the information sharing session. Participants were informed that they may answer in Setswana. Their responses would then be transcribed verbatim into English.

- **Pilot Test**

In order to investigate the feasibility of the intended study and to detect possible flaws, a pilot interview was conducted in June 2016 with a finalist student at campus A, who satisfied the inclusion criteria. According to Bryman (2008: 247) the role of a pilot study is crucial as it ensures that the study as a whole functions well, answering the objectives of the study. A pilot test in a qualitative research forms part of an important element to the interview preparation. This process can help make or break the process and can either alleviate or exacerbate the

problematic circumstances that could potentially occur once the research is implemented. The purpose of the pilot test in this study in accordance with Brink et al. (2012:174) was to determine the flaws, limitations, or other weaknesses within the interview design and allowed the researcher to make necessary revisions prior to the implementation of the study (Brink et al,2012:174). A pilot test should be conducted with participants that have similar interests as those that will participate in the implemented study. After consultation with the supervisor, wording of research questions 4 and 5 were refined.

2.5 Data Collection Process

The interviews were conducted face - to - face. Semi-structured individual interviews were conducted at the college from July through August 2016 in a comfortable environment. The researcher had seven questions to be covered by participants during the discussion (Polit & Beck, 2012:536).

- **Semi-structured Individual Interviews**

Following the testing and refinement of the research tool, semi- structured individual interviews were conducted with participants at campus A in July to the first week of August. A total of six participants were interviewed, the number not including the pilot study. Interviews lasted for 45 – 80 minutes, giving an average of an hour per participant. They were conducted in available comfortable settings, either in the office or as arranged at the campus library.

The same data collection processes were followed in mid-August 2016 at campus B. A total of six participants were interviewed at this campus too. Three participants were interviewed in two days in one week period and the other three were interviewed the following week. The interviews lasted between 40 minutes and one hour, averaging 50 minutes per participant. All interviews at this college were conducted in the library.

A total of thirteen participants were used in the entire study. In qualitative research numbers do not count, but data saturation determines the number of interviews to be conducted (Brink et al., 2012:173). Data saturation refers to a situation where no more new data is emerging with continued interviews (LoBiondo –Wood & Haber, 2010:92).

In qualitative research, the researcher is the primary instrument for data collection and must observe, describe, compare, analyse the characteristics, attributes, themes and underlying

elements of practical phenomena. To achieve this, the researcher used audio recorder to ensure that data is not lost and made field notes.

- **Field notes**

Field notes are the notations ethnographers generally make to document observations. These notes become part of data analysis (Streubert & Carpenter, 2011: 42). The field notes were made during the interview sessions and immediately thereafter as the researcher critically listened to the interviews. The collected data was then prepared for analysis. See Annexure 12 for field notes.

- **Observational notes**

Observational notes were written to capture all highlights occurring in each interview. They were taken while watching and listening to the interviewees' responses and the notes included their demographic details.

- **Descriptive notes**

Descriptive notes capture details of what occurred in a setting, for example, providing describing behaviours that are often abstract e.g. emotions (Hays & Singh, 2012: 228). Emotions like laughter and anger displayed by participants were captured in brackets in the transcriptions. See Annexure 12

2.6 Communication skills employed during the interviews

Qualitative research is an interactive process, therefore the researcher engaged with the participants during the data collection process. The interviewer applied facilitative communication skills as described by De Vos et al. (2011: 345) to ensure that participants were able to describe their experiences.

The following communication techniques were employed:

- **Minimal verbal responses**

Short verbal responses such as "Ok" or "I see" accompanied by nodding of the head to indicate that the researcher was attentively listening and to encourage the interviewee to continue.

- **Paraphrasing**

Express the meaning of written or spoken text using different words or restating their words verbatim, especially to achieve greater clarity.

- **Probing**

Probing refers to a process of intentional questioning so that the interviewee can elaborate more on a specific area during the interview session (Burns & Grove, 2009:404). Brink, van der Walt and van Rensburg (2012:158) suggest that these prompting questions can encourage participant to clarify their view or perception, thus showing that the comment of the participant is valued and should be captured accurately. In this study probes were used adequately when needed during the data collection period.

- **Clarifying**

This was used in order to understand complex and ambiguous concepts used by the participants.

- **Encouragement**

The researcher encouraged the participants to follow a line of thought, by asking questions such as "can you tell me more about …"

- **Summarising**

The researcher summarised the feelings and thoughts of the participant in order to confirm accuracy of her findings.

2.7 Data Analysis

Tesch's eight steps method of content analysis as reflected in Creswell (2014:198) was used manually in the coding process. Qualitative content analysis has been defined as: "a research method for the subjective interpretation of the content of text data through the systematic classification process of coding and identifying themes or patterns" (Hsieh & Shannon, 2005, 1278).

This process included open coding, creating categories and abstraction. Open coding means that notes and headings are written in the text while reading it. The written material was read through again, and as many headings as necessary were written down in the margins to describe all aspects of the content (Hsieh & Shannon, 2005, 127).

1. The audio recordings were repeatedly listened to. Transcribed verbatim and the researcher attentively read all the transcripts in order to derive meanings.
2. The most intriguing transcript was repeatedly read and underlying thoughts and meanings were identified and written on the margin of the pages.
3. A list of topics surfaced and similar topics were clustered together in columns and arranged as major topics , unique topics and left overs.
4. The topics were coded and codes were written next to the appropriate segments of the text.
5. The most descriptive wording for the codes were identified and categorised accordingly and related topics were grouped together.
6. A final decision was made on the abbreviation of each category and codes were put in alphabetical order.
7. Data material belonging to each category was put together.
8. Existing data were recorded and a preliminary analysis was conducted.

Data were analysed simultaneously when data collection was done. Data were transcribed to verbatim and later coding of themes, categories s and subcategories was done as discussed in Creswell (2014:197). A protocol for data analysis was followed between the researcher and an independent coder who was a senior researcher at the University of the North West. All transcripts were availed to her and manual content analysis was done. Discussion was held with the co- coder to reach a consensus about the themes, categories and sub categories that emerged from the transcripts.

2.8 Literature review

An initial literature review was done before proposal submission to obtain more background information on the phenomenon under investigation, that is quality of nursing education. The detailed literature review was done after data collection to avoid the researcher being influenced by prior thoughts on the topic as per Burns and Grove (2011:75). After data collection and analysis, the findings were controlled against relevant literature. This was achieved by comparing and contrasting the findings with documented research findings of studies previously conducted on the phenomenon of interest, that is, the quality of nursing education. This process itself confirmed the study findings as well in accordance with Brink et al. (2012:173).

2.9 Measures to ensure trustworthiness

Rigor in qualitative research is a virtue because the findings of rigorous studies are viewed as being more credible and the researcher wants to present an emic view of the participants' perceptions or believes (Burns & Grove 2011:75; Moule & Goodman, 2009:188). In order to ensure trustworthiness of the study, the researcher adopted the criteria of Lincoln and Guba (1985) cited in Polit and Beck (2008:539) as follows:

2.9.1 Credibility

Credibility is demonstrated when participants and readers of that research associate the research findings as their own experiences or as truthful respectively (Goodman, 2009:188). This becomes possible when the study is carried out in a manner that believability is enhanced. In this study, the following were used to promote truth value:

- **Prolonged Engagement**

According to Polit et al., (2006:317) prolonged engagement refers to investing time with participants in order to build rapport and gain their trusting relationship and to test for misinformation introduced by distortions either of the self or of the participants. The researcher was a lecturer at one of the campuses, but resigned prior to data collection process, and hence could spend a considerable amount of time with the final year students and could gain their trust and verify what she could not capture well during transcription.

- **Reflexivity**

The fact that the researcher was a lecturer at a campus of the college means that she had her own preconceptions about the phenomenon under investigation. The researcher therefore reflected on her role as a researcher, approaching the project with an open mind, acknowledging that there could be vast views on a single phenomenon in accordance with Burns and Grove (2009:60). As a result she did not allow her preconceptions to influence the research findings. She employed bracketing throughout the study in order to remain objective.

- **Persistent Observations**

Refers to a process where the researcher focuses on elements that are more relevant to the phenomena understudy and thus becoming vigilant to irrelevant factors. Student overcrowding in clinical areas was observed and how it affected meaningful practice.

2.9.2 Transferability

Transferability refers to the extent to which findings from the data can be transferred to other settings or groups (Polit et al., 2006:316). The researcher provided detailed descriptions of research methodology, participants and context of the research process to enable interested researchers to make a transfer to other suitable studies as described by Moule and Goodman (2009:190). Purposive sampling was used to make sure that participants who differed from one another were selected in order to maximise the range of information that could be obtained.

2.9.3 Dependability

A thick description of data collection method and analysis was explained. Raw interview material and transcriptions were kept for the purpose of conducting an audit trail .Dependability ensures that the study would yield similar results if repeated with the same or similar participants in the same or similar context. This was further attested with literature control in order to confirm the findings.

2.9.4 Confirmability

Moule and Goodman (2009:190) define confirmability as a measure of the objectivity of the data. It excludes researcher biases and focuses to the maximum degree to which the findings are the product of participant enquiry. According to Moule and Goodman (2009:190) an audit trail can determine both dependability and confirmability at the same time. In this study, a confirmability audit trail was conducted involving the reviewing of the raw data, field notes and transcriptions (see Annexure 13).

2.9.5 Member Checking

The researcher returned the data and interpretations to the participants with transcribed interviews to allow them to clarify where she could not hear clearly during transcriptions. This allowed the participants to correct any statement that they considered were misinterpreted by the researcher.

2.10 Conclusion

This chapter discussed the research methodology and design in detail. It also focussed on measures to ensure trustworthiness. The following chapter will discuss data analysis, results and literature control.

CHAPTER 3

RESULTS, DISCUSSION AND LITERATURE CONTROL

3.1 Introduction

In chapter 2 the researcher discussed in detail the research design and methodology followed in this study. This chapter focuses on the research findings on exploring the quality of nursing education at a college in the North West Province as perceived by final year students.

Semi structured interviews were conducted with final year students in the pre-registration diploma programme. The interviews included both student population groups that is the students who entered the programme without prior knowledge of nursing and those who have previous knowledge in nursing, who have been granted study leave by their employees. All student populations in the pre- registration programme were included to gain broad insight on how the inclusive population viewed quality and to determine similarities and contrasts in both student populations. Final year students at both campuses A and B were interviewed by the researcher who informed the participants of their rights, that of anonymity and confidentiality. The students consented to participate in the study and willingly signed the informed consent forms. They felt free to voice out their perceptions and opinions regarding the quality of nursing education offered by the college. An audiotape was used to capture the interview proceedings so that data could be retained for quality description and analysis. The information was later transcribed verbatim and Annexures 10 and 11 depict examples of transcribed interviews. Field notes were taken during and immediately after each interview and they are shown in brackets in the transcripts (also see annexure 12). Data saturation was reached after thirteen individual interviews were conducted. The emerging themes, categories and subcategories were guided by the SERVQUAL model. The model was initially developed to assess quality in the business sector, however, it was later used in various fields. Adapted versions of the model were used successfully to assess quality in Nursing Education.

The researcher noticed that some of the research questions were addressing more than one construct of the model at a time and some constructs were not all encompassing. For an example, on tangibles the model addresses physical facilities, staff appearance and equipment. In this study, research question on human resources addressed quantity of academic staff, attitudes and quality of staff instead of appearances. Furthermore, the researcher limited the

theme subcategories that emerged to a maximum of four as a lot of data was emerging from other constructs addressed by the SERVQUAL model. The researcher and the independent co – coder reached a consensus on the emerging themes, categories and subcategories.

Direct quotes from individual participants interviewed informed the study findings and also indicated the findings that were unique to the study and consequently addressing the study objectives which were:

- To explore and describe the perceptions of the students regarding the QNE offered at the college
- To make recommendations that can be used to improve the QNE at the college.

3.2 Objectives of this chapter

- To reflect on analysis of raw data and reduction into themes, categories and subcategories.
- To reflect participants voices and views through quotes of what was said.
- To reflect results in relation to existing literature

3.3 Results

The results are discussed in terms of the demographic profile of participants and themes that emerged from data analysis

3.3.1 Demographic Profile

A total number of thirteen participants were interviewed, including one pilot test. Seven participants were from campus A and six from B, twelve of the participants were black (B) and one was a white (W) female from campus B. Six females (F) and seven males (M) were interviewed; four females were from campus A and two were from campus B. Three of the seven males interviewed were from campus A and four from campus B. Ten participants did not have previous knowledge in nursing. Three participants were seconded officers from different clinical areas having been granted study leave. The latter had previous knowledge in nursing and at the college they were generally known as RPLs (Recognition of Prior Learning). The oldest participant was 52 years old and the youngest was 23 years old, average age was 33 years. An average of one hour was spent with each interviewee.

Table 3.1 Demographic data of participants in individual interviews.

Campus	No of participant	Student Classification	Age	gender	Race
A	Pilot	Matric	25	M	B
A	1	Matric	24	F	B
A	2	Matric	39	F	B
A	3	Matric	28	F	B
A	4	Matric	26	M	B
A	5	Matric	26	M	B
A	6	PNK	52	F	B
B	1	Matric	42	M	B
B	2	Matric	36	M	B
B	3	Matric	23	M	B
B	4	PNK	41	F	W
B	5	PNK	42	M	B
B	6	Matric	24	F	B

3.3.2 Themes, categories and sub-categories

Five themes emerged in line with the guiding theoretical framework, namely, the SERVQUAL model, which was discussed in detail in Chapter 1. The themes, emerging categories and sub – categories are displayed in Table **3.2**. Data collected from the twelve participants was analysed by the researcher and an independent co – coder after reading all transcripts in order to make sense of the responses. Both the researcher and the independent co – coder reached a consensus on emerging themes, categories and subcategories. The research findings are analysed against relevant quotations from the participants. The following five major themes emerged from the study findings:

1) Poor quality of nursing education, 2) Motivation from staff, 3) Inadequate resources, 4) Ineffective interactions between students and lecturers and 5) Curriculum appropriateness Table 3.2 depicts the themes, categories and sub categories.

Table 3.2 Emerging themes, categories and sub categories

Themes	Categories	Sub categories
1. Poor quality of nursing education	**1.1** Poor quality of clinical teaching and learning	**1.1.1** Out-dated simulation laboratory **1.1.2** Lack of learning opportunities **1.1.3** Inadequate mentoring at the clinical areas **1.1.4** Minimal clinical accompaniment by lecturers
	1.2 Poor quality of theoretical teaching and learning	1.2.1. Congestion in classroom learning environment 1.2.2. Heavy Workload and Time Pressures 1.2.3. Perceived poor theoretical facilitation Methods
2.Motivation from Staff	**2.1** Motivation from academic Staff	**2.1.1** Knowledge base of lecturers **2.1.2** Attitudes of lecturers towards students
	2.2 Motivation from clinical Staff	**2.2.1** Poor knowledge base of professional nurses **2.2.2** Poor nursing skills of professional nurses **2.2.3** Attitudes of professional nurses towards students
3.Inadequate resources	**3.1** Inadequate physical resources	**3.1.1** Inadequate and non-conducive classrooms **3.1.2** Poor library services **3.1.3** No computer laboratory / IT Services
	3.2. Inadequate human resources	**3.2.1** Shortage of academic staff **3.2.2** High Attrition of Academic Staff **3.2.3** Quality of Academic Staff
	3.3. Inadequate financial assistance to students	**3.3.1** Poor access to funds for matriculant students' academic needs

		3.3.2. Lack of financial support for students with previous nursing knowledge
4. Ineffective interactions between students and lecturers	**4.1.**Ineffective communication	**4.1.1.** Ineffective academic Literacy **4.1.2** Delayed performance feedback sessions
	4.2. Poor customer services	**4.2.1** Absence of healthcare services **4.2.2** Inadequate Social services **4.2.3** Inadequate and poor residential conditions
5.Curriculum appropriateness	**5.1.**Curriculum addressing learning needs	**5.1.1** Relevant and accurate curriculum **5.1.2** Perceived theory practice gap
	5.2. Curriculum addressing community needs	**5.2.1** Students used as working force **5.2.2** Risk to patient safety

3.3.2.1 Theme 1: Poor quality of nursing education

This theme relates how the student nurses viewed the quality of nursing education provided at the college. According to Fitzgerald, Gibson and Gunn (2010:158) high quality education is crucial as it leads to intellectual, social, emotional and cultural growth. O'Connor and Carr (2011: 379) argued that students enter training with a high commitment to becoming good nurses, accompanied by a curiosity and willingness to integrate new ideas. Therefore nursing education should ensure that the two major components of nursing education, which are clinical and theoretical teaching and learning components are interwoven. According to the constructivism theory, nurse educators have the crucial multifaceted role of creating an effective teaching – learning environment characterised by (1) enhancing active learning, (2) facilitating social interaction and (3) creating quality learning materials (Kala, Isaramalai & Pohthong, 2010: 64). Two categories emerged from this theme, namely (1) Poor quality of clinical teaching and learning and (2) Poor quality of theoretical teaching and learning. Table **3.3** shows theme 1, which is further divided into two categories and six subcategories.

Table 3.3 Poor quality of nursing education

2. Poor quality of nursing education	1. Poor quality of clinical teaching and learning	• Outdated simulation laboratory • Lack of learning opportunities • Inadequate mentoring at the clinical areas • Minimal clinical accompaniment by lecturers
	2. Poor quality of theoretical teaching and learning	• Congestion in classroom learning environment • Heavy Workload and Time Pressures • Perceived poor theoretical facilitation Methods

Category 1: Poor quality of clinical teaching and learning

Clinical learning is considered as an essential part of all nursing programmes, as it allows nursing students to apply theoretical knowledge learnt in the classrooms and transfer it to real life situations at clinical institutions (D'Souza ,2015:833). Modern day health needs together with growing nursing shortages have compelled HEIs to intensify recruitment of nursing students, equally rising the demand for quality placement areas (Courtney – Pratt, 2011:1381). Irrespective of the challenges, Chambers (2007) in Fitzgerald, Gibson and Gunn (2010:158) argued that the quality of clinical placements constitutes one of the most significant influences on the process of learning to be a nurse, thought to be aided significantly -+through mentoring. Nursing lecturers or the NEIs are faced with the responsibility of preparing safe and competent future professionals (Billings & Hallstead, 2016:41). Hathorn, Machtmes and Tillman (2009:242) recommended close collaboration between nurse educators and clinical staff as one strategy in promoting the quality of clinical experiences for nursing students. Pertaining to clinical teaching and learning, the following sub – categories emerged 1) Out-dated simulation lab, 2) Lack of learning opportunities 3) Inadequate mentoring at the clinical areas and 4) Minimal clinical accompaniment by lecturers.

Sub - category 1: Out-dated simulation laboratory

Rothgeb (2008:493) regards simulation as one innovative and effective teaching and learning strategy that fits into the rapidly changing world of nursing education and modern health care. The researcher therefore advocated for simulation laboratories in nursing education. The need for simulation laboratories is further justified by the lack of clinical site availability, reduced clinical learning opportunities because of high student numbers and nursing faculty shortage (Jeffries, 2008a :71; Endacott, Scholes, Buykx, Cooper, Kinsman, & McConnell-Henry, 2010:2729). Jeffries (2005) in Rothgeb (2008:492) caution that simulation laboratories can be extremely expensive. Included in the cost are the equipment which should make the simulation as real as possible, training expenses for lecturers, information technology or ancillary staff needed to run the laboratory, and possibly salaries for faculty and other staff. In this study students verbalised that simulation laboratory was grossly out-dated and equipment was said to be obsolete. Since simulation experiences enhance the learning environment by providing a safe environment for practice, it is an essential need. Furthermore, Rothgeb (2008:493) argued that simulation works best when 5 – 10 people are participating. This poses a challenge for most HEIs where more students are involved in a classroom activity at a time. These perceptions regarding simulation laboratory were voiced out by the participants:

Commenting on the condition of the simulation laboratory, participant 2 verbalised her feelings:

> "*We have a simulation room that is so out-dated. I even think only Florence Nightingale would understand what is happening there, because everything is the equipment that she used in her time. We get there, we get so frustrated. We have to practise pelvic assessment, the bones that we are using are broken, and we have to assume everything, and that is not how we should learn. ... Assumption (stressing) .I think we will become the best stage actresses. We are acting most of the time. We can't really show what we don't know*".

The following quote came from participant 4:

> *"The only things is uhm yes, there is a simulation room for us and so on. If they could have maybe, proper dolls and so on for us to practice on. Uhm, like for an instance, the arm that we use for the intravenous, some of the things they are overused. So they don't*

work that, that proper anymore. So if it's possible, to get new resources, it will help. Or find something that can substitute that, that won't break up easily. "

This is what participant 1 said about equipment in the simulation laboratory:

"Like the other day, we were doing a procedure for, to, to insert a drip. To insert a drip in a human is much easier than using a doll, and in the OSCES we are using a doll. If you fail in OSCE it's difficult to use a doll, because you are used to, to checking the veins and getting them, but in, when using the doll, the veins are already visible and it's pierced, so it might appear that you know to insert the drip, yet you do not know, because it's easier".

Participant 6 expressed her perception about simulation laboratory in this way:

"What I will want to talk about mam, ke (is) simulation and induction of skills. The skills induction, it is a challenge because we do not have such here at school. I think if maybe we can have something that is more similar to a hospital setting or a ward setting. For that matter, not even a hospital, a ward setting... where we can, before going to the clinical area will be seeing and being taught how practicals are being done. "

The results are congruent with Botma (2014:5) who reported that well-equipped simulation laboratories are an essential need for nursing education. Similarly, Rothgeb (2008:493) highlighted simulation as an effective commended approach for developing competency and readiness to face the clinical realm.

Sub- category 2: Lack of learning opportunities

Clinical learning involves students' exposure to substantial learning experiences in clinical settings. (Anarado et al., 2016:142). However, most participants interviewed in this study raised serious concerns about lack of learning opportunities in the clinical areas. They cited congestion in clinical facilities and professional nurses' ignorance about their learning objectives as major stumbling blocks. Such limitations denied students of relevant and meaningful learning opportunities, thus calling for reinforcement with learning aids, strategies and equipment of different varieties. Rothgeb (2008:493) recommended the use of simulation strategy as a solution to clinical placement as it enhances the learning environment by providing necessary knowledge, skills and practice in a safe environment. Furthermore,

O'Connor and Carr (2011: 379) argued that careful investment in the needs of the students in the present will reap rewards to the users of healthcare services in the future. In the same vein, the Nursing Act 2005 (Act No. 33 of 2005) and the SANC (1994:9) guidelines prescribed and explicitly clarified the overall objective and role of clinical practice being to provide student nurses with meaningful learning opportunities in all areas of placement. NEIs should therefore assess clinical resources for adequacy, size and types of patients to ascertain whether they would provide relevant opportunities for students to meet their programme outcomes (Casey & Clarke, 2011:933; Lewallen, 2015:137).

The nursing students expressed negative perceptions regarding learning opportunities in the clinical environment as evidenced in the quotes below:

> *"Or maybe they will be saying, you are a lot in the ward, all of you cannot do medicine, and some of you must go and patch somewhere".*

Participant 2 from Campus A voiced out her feelings:

> *"For an instance I am supposed to be finishing my Midwifery Nursing Science and Community Nursing Science register, but right now, I am not confident that I can do the A to Z of Midwifery and I am at my exit point, and it's not my fault (shakes head) .It's just mm, we are just too many, there is congestion in our labour wards, in the clinics. We get there on a daily basis, religiously so, looking for a case, looking for somebody to help, but because of the ratio, that of students and professional nurses, you find that we are 8, 10; there is only one midwife who is supposed to show you the ropes. We cannot all learn at the same time. It makes learning very difficult. "*

One participant verbalised his opinion in this manner:

> *"You find that you are about 10 to 12 students in the ward... and your level 2 objectives are left hanging because of the large numbers of students that, that we are having at our wards".*

Commenting on the aspect of learning objectives one participant commented:

> *"They ask when you come in the ward , where are your objectives, but there are situations where they are caught between the rock and the stone, they have got staff with their objectives, but they short hands that can help them, maybe to push their routine. That's where you find our objectives being compromised."*

The findings of the current study were congruent with Meyer, Naude, Shangase and Van Niekerk, (2009:10); Anarado, Agu and Nwonu, (2016:140,144) and Brynildsen, Bjork, Berntsen and Hestetun, 2014:727) who recommended that effective clinical areas must provide sufficient learning opportunities to students, enhancing optimal use of teachable moments. In the same vein, Courtney – Pratt et al. (2010:1386) confirmed that large student numbers compared to the patient ratio impacted negatively on the clinical experiences.

Sub- category 3: Poor mentoring at the clinical areas

Clinical mentoring is a significant area in the education of a student since it can build a student's confidence and help with professional growth. Accordingly, the British Commission looking into the future of nursing education stressed the importance of the mentors, perhaps recognising that the quality of nursing education is as good as the mentors who delivers it (Glasper, 2013:58). Given the existing general shortage of nurses at the clinical sites, many nursing programmes resorted to the use of preceptors to assist in clinical teaching (Lewallen, 2015:134). Mentoring was found to be highly influenced by the attitude of clinical working staff (Courtney – Pratt, FitzGerald, Ford, Marsden & Marlow, 2011:1381; Tshabalala, 2013:46). Cameron, Roxburgh, Taylor and Lauder (2010:1379) highlighted the pivotal role of senior clinical staff in enhancing a positive clinical learning environment. In this study, mentoring at the clinical areas was found to be significantly poor and left in the hands of staff in lower nursing categories. Lewallen (2015:137) argued that good mentors own up to their professional role of assisting and supporting mentees despite existing challenges. Hence Rebeiro (2015: 1210) recommended that the clinical institutions should build in time into the workloads of nursing professionals to allow student mentoring. Commenting about mentoring at clinical areas, this is what the participants said:

This is how one student expressed his feelings:

> *"One other thing is like, I was complaining about, lack of mentorship in the clinical facilities. I mean if, if you are working under a professional nurse that does not care, ya (yes), it's a big problem".*

One participant said:

> *"When we got there, now the person who is going to teach you, to take over from the lecturers were the Pna's (pupil nursing assistants), the enrolled nursing assistants, but they do things differently..."*

The findings of this study were congruent with Rikhotso (2014:5) and Anarado et al. (2016:143) who revealed that multiple factors led to poor mentoring of students by professional nurses, resulting in inappropriate assignment of duties in relation to the student's study level or learning objectives. Further confirming existing literature, the findings of this study attributed poor mentoring to staff shortages and time pressures on the professional nurses (Rebeiro, 2015:1210; Cameron et al.,2010:1380; O'Connor & Carr , 2011: 37). Congruent to this study finding, negative disposition by some nurse professionals who acted in contradiction of their clinical teaching role was attributed to poor mentoring of students (Courtney – Pratt et al., 2011:1381).

Sub- category 4: Minimal clinical accompaniment by lecturers

Student accompaniment is one of the key responsibility areas (KRAs) of the lecturers at colleges. Accordingly, lecturers should ensure that students are supported in an enabling atmosphere in the ward, characterised by open communication, cooperation, commitment and relationships between students, lecturers and clinical staff in order to promote quality (D'Souza, 2015:837). The current research revealed that accompaniment by lecturers was minimal if not altogether absent. This despite the recommendations that lecturers have a duty to create ways that would help students to adjust and enjoy their clinical experience as they are knowledgeable and have the ability to link theory to practice during clinical placements (Brynildsen, Bjork, Bernsten & Hestetun, 2014:723). Participants in the current study verbalised intense concern about minimal lecturer accompaniment at the clinical areas as confirmed by the following excerpts:

A citation from participant 3 from campus A said:

> *"Ok, uhm, what I'm, I'm trying to say here is , we , we will be delegated to go for clinical practice for a certain period of time and we would complete that placement without any of our tutors coming to see if eh , the objectives that we have to do for that particular period are being done".*

One participant commented:

> *"Let me start it by saying that, usually eh, our lecturers from the college, eh, the visiting, the clinical facilities, it's very scarce because of their number or their workload".*

Participant 1 from campus B expressed his opinion:

> *"The only thing that I left behind is that when you go to , as compared to students at PUKKE (Meaning Potchefstroom university) , what they do , like last year when we were working at maternity ward here in Klerksdorp, they have got what they is , what they call as a facilitator. She is working here at the maternity section, but she is also waiting for PUKKE students. When they come, she takes them through, unlike us here, we were just thrown there".*

The results of this study were similar to studies conducted in Nigeria and Limpopo which confirmed that student accompaniment was mainly done by nursing staff and significantly less by qualified clinical instructors (Anarado et al., 2016:143 & Rikhotso et al., 2014:3). On the contrary, the findings of this study were dissimilar to a Norwegian study which showed student satisfaction with the supervisory role of the nurse educators (D'Souza, 2015:837).

Category 2: Poor quality of theoretical teaching and learning

A Pakistan study examining satisfaction in higher education established that good quality education provides better learning opportunities and is a determinant of student's satisfaction or dissatisfaction level with the HEI (Butta & Ur Rehmanb, 2010: 5446). According to Gibson and Gunn (2010:158), quality education yield in intellectual, social, emotional and cultural growth in students. Similarly, Billings and Halstead (2009:161) purport that quality education should result in development of the cognitive, psychomotor and affective domains in a student, education which will result in competent and reflective practitioners who can make sound decisions in the workplace. Thus NEIs are confronted with the challenge of quality provision since their products impact on the general public. The study further revealed important educational services like teachers' expertise, courses offered, learning environment and classroom facilities as determinants of quality education (Butta & Ur Rehmanb, 2010: 5450). As a result, the role of an educator becomes multifaceted with a variety of modern demands. A study by O'Connor and Carr (2011:379) reported that innovative teaching can improve the motivation of students to learn and the learning experience of the future nurse will under- pin their future practices. Accordingly, transformative teaching strategies have to be implemented

in order to provide quality. Such strategies prepare the students for the practical realm, so that they can employ the two components of nursing and be analytic, reflective learners who can make sound decisions in clinical areas based on their theoretical background. Three (3) sub-categories emerged from this category and the following discussion focusses on these, namely (1) Congestion in classroom learning environment, (2) Heavy workload and time pressures and (3) Poor lesson facilitation strategies.

Sub- category 1: Congestion in classroom learning environment

Shortage of nurse educators and the expansions in student enrolments has resulted in the average class size increasing (Fang, 2013: 164). Buruss (2009:34) defines a large class size as having between 60 – 100 students. The current study finding revealed that congestion in the classroom environment existed across all levels at the college under study. Leufer (2007:323 - 324) suggested that the physical lay – out of the classrooms and large student numbers affect the quality of education negatively. Students commented on how congestion impact on their learning:

Participant 4 verbalised his experience:

> *"It happened that I was in a class that had plus – minus 160 students with, eh, eh, one lecturer teaching the module...It affects our interactions, and again these high numbers again, uh, the class you attend in, the system they use for facilitation, some will be there at the back in the class, they cannot see well or they cannot hear".*

One student said:

> *"The larger the number of the students, the bigger the destruction in the class. I also think with the big number, I am asking myself, are the lecturers able to attend to the learning abilities of students in the class...Now we are crying about the time, now the time will be wasted addressing the destruction, that is happening in the class".*

This is how another participant verbalised his experience:

> *"What I was trying to say is that you find that a lecturer has about 150 students in a class".*

The excerpt came from participant 5:

> *"If I have to give an honest fact, I would say they are disastrous, if it is a word to use. The first thing, we have got shortage of classes. If it is not shortage, the classes are small for the numbers that's in there...Other classes like the one we are using currently, it is too small, for someone to go to the toilet, you struggle".*

The students in the current study reported that congestion in the classrooms hampered with needed student – lecturer interactions, a finding supported by Leufer (2007:323) and Gardner et al., (2007: 101).

Sub- category 2: Heavy workload and time pressures

The Nursing Strategy of South Africa (Department of Health, 2008:18) pointed out that the goal of nursing education is geared towards production of appropriately educated nurses. Therefore, the students have a right to quality education. Notwithstanding, the participants verbalised dissatisfaction regarding huge content to be learned in a short space of time, thus resulting in chronic fatigue. Ansari and Oskorochi (2004:648) argue that heavy workloads and time pressures resulted in students cramming the content, just for the sake of passing. The view is affirmed by the following excerpts:

Affirming the view above, participant 2 commented:

> *"However I have got a problem with the delivery. Especially the method that is adopted by our college, where you would be doing one module in 53 periods and at the end of the module you are supposed to write a test, which qualifies you for the exam. It's, uh, especially if it's the first time that you come across such content, 53 periods or 53hours is too little...Give us enough time to process, to internalize what we have learnt before we are required to write a test. Cos eh, what is happening with us we are being forced to memorise, to cram (giggles), I can say. We all know that when you memorise you don't actually know what you are supposed to".*

Participant 4 said:

> *"Again, if they can, just not go that much back, eh, eh, going back to the college, or the campus, when you teach first year students, you can teach them a particular module , e.g. Fundamental Nursing Science, eh communication . The same students, when you see them while they are doing 2nd year or 3rd year, you ask them about the components of*

communication, most of them, they will be staring at you like they are surprised , like they don't know that thing. Most students study just to pass, because the workload is just too much".

One participant said:

"People just learn to forget. Learn to pass..."

Participant 2, a matriculant male, aged 36 years from campus B said:

"Eh, at this moment, we find that, eh, the contents of the modules individually, they are a lot. And when you look at the periods that we are having exactly at our classes, you find that the modules are not covered, and you find that eh, at some point, some contents are not covered on time, and some are run, some are just being run over, because there is no time".

The following opinion was verbalised by participant 4:

"Very large. There is a lot of content that we need to grasp in a small time. And uhm, ja (yes), it can be difficult, but you need to be committed"

The study results coincided with the results in the study conducted by Roth, Mavin and Dekker (2013:532) who reported that students were least satisfied with the heavy workload associated with their programme and that yielded to the general perception that the aim of higher education was just to pass and be certificated, which is dissimilar to the aim of a profession. The study finding were as well similar to Cameron, Roxburgh, Taylor, and Lauder (2010:1375) whereby students reported being overwhelmed by the demands of academia.

Sub- category 3: Perceived poor lesson facilitation strategies

Sound educational strategies are essential components of courses in all programmes at HEIs (Buruss, 2009:39). Therefore, the use of transformational teaching strategies over traditional methods are canvassed for modern education. Innovative teaching can improve the motivation of students to learn and the quality learning experience will inform the quality of future clinical practice (O'Connor & Carr, 2011:379). In support of O'Connor and Carr, D'Souza (2015:834) reported that the use of transformative strategies like problem based learning (PBL) approach were the basis of best practices in nursing. However, innovative approaches are reported to be resource intensive (O'Connor & Carr, 2011:379). As a result, some educators facilitating large

class sizes felt compelled to follow lecture method, missing students with higher or lower levels of knowledge thus compromising the desired quality (Gardner et al., 2007: 101; O'Connor & Carr, 2015:376). Students reported that both transformational and traditional strategies were used in content facilitation. However some lecturers were found to be abandoning classroom teaching and learning, leaving the students entirely on their own. This is confirmed by the following extracts:

Commenting on strategies used for lesson facilitation, participant 2 said:

> *"It's a strategy called the Problem Based Learning, where the facilitator has to bring in 25%, and you as the student you are to bring 75%. Like they go there, introduce the concept, give the learning outcomes and require you to go and study from your prescribed textbooks which are also lacking".*

Another participant verbalised the following experience about content facilitation in class:

> *"Because now we already have the challenge with the numbers and also type of eh, lecturers, lecturers that we receive, because now, they are not the same. In terms of the age if we have an elderly tutor, would expect eh, let me rather say, because now the tutor is old, he or she will not be active in class. Some of the things will be omitted and sometime they will not make it to class. They will be just, learning outcomes that will be handed and then all the responsibility will be left upon us. We have to prepare, and some of us will go in front and present and then it will be like 100% of the work is done by you students and they are even absent during the presentations. "*

Participant 3 voiced out his feelings in this manner:

> *"I would say like eh, we used to have long sessions, where you'd find that we had may be classes in the morning up until four O'clock. So you find that at times it becomes uhm , boring (emphatic) if I* can *use the word like that, for me to sit up to four O'clock with the same lecturer. "*

The findings of this study concur with O'Connor and Carr (2011: 376) who reported gradual introduction of transformational teaching strategies in a developing country. Furthermore, this study confirmed (O'Connor & Carr, 2011:379) that PBL is resource intensive. The study results coincided as well with the study results conducted by Carter, Creedy, and Sidebotham,

(2016:209) and Gardner et al. (2007:100) who recommended that lecturers should efficiently facilitate lessons, as students value available lecturers.

3.3.2.2 Theme 2: Motivation from staff

This theme refers to how students perceived motivation coming from both the academic and the clinical staff since the lecturers and professional nurses shape the student's views about the profession (Butt & Ur Rehman, 2010:5540; Rebeiro, 2015:1210). Hathorn, Machtmes and Tillman (2009:228) reported that in the clinical areas there are nurses who dislike students, making their clinical exposure period to be unbearable. These negative behaviours and attitudes need to be addressed because they impede the quality of clinical teaching and learning. Courtney – Pratt, FitzGerald, Ford, Marsden and Marlow (2011:1381) argued that nurses need to show commitment to the next generation of nurses and to stop eating their young. The researchers further reported that behaviours like ignoring students, refusing to work with students and being overly critical deter students from learning. On the contrary, a welcoming disposition by professional nurses promote a positive clinical learning environment. The voices of the students regarding motivation is displayed in the second main theme, namely, motivation from staff. Table **3.4** shows theme 2, which is further divided into two categories and six subcategories.

Table 3.4 Motivation from Staff

2. Motivation from Staff	1. Academic Staff	• Knowledge base of lecturers • Attitudes of lecturers to students
	2.Clinical Staff	• Poor knowledge base of professional nurses • Poor nursing skills of professional nurses • Attitudes of professional nurses to students

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Category 1: Motivation from academic staff

Emerging from the study findings, the student nurses experienced both positive and negative aspects regarding motivation in the classroom and in the clinical areas. Motivation is regarded as a vital psychosocial concept in education, therefore lecturer behaviour that can affect motivation are attitudes displayed by lecturers. Students verbalised that they were highly motivated by knowledgeable lecturers, who showed passion in their work and were approachable to students. Such virtuous lecturers inspired the students to perform despite academic and social challenges they faced during their stay at the college. Some students felt so highly motivated that they shared an inner desire to join nursing education discipline or to study speciality courses and become agents of change in the practice, emulating best practices observed from their lecturers. Furthermore, students verbalised that they were motivated by lecturers who cared and displayed a positive attitude towards them. This motivation was evident despite huge workloads and intense time pressures. Rocca (2010:194) described lecturer traits which discouraged quality teaching and learning as being moody, close – minded, too opinionated, condescending and unfriendly. Two sub – categories emerged from category 1, namely, (1) Knowledge base of lecturers and (2) Attitudes of lecturers.

Sub – category 1: Knowledge base of lecturers

Students identified two types of lecturers, namely, those who are knowledgeable and those who are clueless. The classification was based on various factors, among which they cited (1) Experience in education field, (2) Frequency of lecturer movement between streams and (3) the natural gift of being a teacher and level of preparedness. In this study, the voices of students revealed that they were highly motivated and positively influenced by knowledgeable lecturers, who contributed highly to meaningful and exciting teaching and learning experiences. Butt and Ur Rehman (2010:5448) established that teacher's expertise and friendliness were quality services ranked highly by students and recommended induction and retention of qualified teachers. On the contrary, lecturers who were not knowledgeable and showed negative behaviour towards students were found to be demotivating. Therefore, Gardner et al (2004:101) advocated for quality classroom teaching which is student focused, where lecturers view students as "customers interested in quality. In their own voices students proclaimed in this manner:

Participant 1 cited:

> *"The HOD knows his story, he has been in the field for longer, then it was introduced, the two juniors. I don't know if they are juniors, but it was difficult (annoyed), because it was their first time doing Psyche (meaning Psychiatric Nursing Science), so we did not know, because we were lost and they were also lost".*

Participant 3 verbalised her feelings in this manner:

> *"Mh, (chuckles). They are not the same. There are some that you feel like, ya (smiles), I can go and write the test immediately after the lecture, but there are some that you feel like you still have to go back and do from the first thing that has been done that day. But, eh, in terms of knowledge again, it depends... Some are clueless, and some they are excellent. "*

This quote was verbalised by participant 4:

> *"They do know their work, definitely. And what I can say is, from first year until now, all the lectures that I had so far, never, uhm, they have the slides and everything, but they rarely read from the slides, they know the content so well that they can give it to you without looking at the slides. They can ask you questions, you can answer and see they will answer you back, they will correct you if you are wrong without looking at the slides. And I mean that's fantastic, I want to do that (gives an excited giggle). I want to be like that. "*

The findings of this study are congruent with Gardner et al (2004:101) who asserted that the teacher's expertise is the most influential factor in relation to the student satisfaction about the quality of education.

Sub – category 2: Attitudes of lecturers towards students

Rocca (2010:194) found out that lecturer behaviour matters profoundly in student participation. Attitudes of lecturers can either build or break students. Rocca (2011:205) highly recommended a supportive climate in the classroom setting .Such a learning environment can be created by lecturers by engaging in immediacy behaviours like eye contact and smiling. Negative attitudes displayed by lecturers through verbal aggression, sarcasm and negativity should be avoided (Rocca, 2011:205). Since lecturers attitude towards students matter and they are viewed as primary sources against which students gage the quality of education, Gardner

et al. (2007:100) recommended that they should guard against negative behaviours . In this sub – category, lecturers were found to be displaying both positive and negative attitudes towards students. The findings of this study suggested that the positive attitudes displayed by lecturers were essential to meaningful student lecturer interactions and negative attitudes were destructive. This was attested by the following quotes from the students:

Commenting on how she felt following a positive disposition by a lecturer towards a group of students who needed assistance, including herself, participant 2 said:

> *"Uhm (pause and takes a deep breath) Special... really (followed by a hearty laughter) It was something you don't just experience around. I felt special, like, I felt, I was grateful towards the lecturer, because it helped me and, I passed (giggling throughout").*

Participant 5 indicated his feelings:

> *"I think the lecturers attitude is very key, because once your lecturer is good, and once you have the same vision and the same eye with the lecturer, you also enjoy the content that she is teaching, but once the attitude is not good, it's obvious you hate the attitude, you hate the lecturer, you hate the subject, basically that's where the problem will come in".*

This quote was expressed by participant 4:

> *"Mam, what I have seen is that, most of my educators, they loved being nurses. And they have influenced me as well, so much so that I even think of going post basic towards midwifery. Mam B..., I can say it for honestly the way she is passionate about midwifery, it's a big influence on me .She loves it so much and you can't help, the way that she is presenting and everything, you can't help to know more, to see more, and you can't wait to go to the facilities to see what is happening there. She will explain something to you in class so nice that when you go to the facility, oh, ok, this is what mam B... was talking about, ok now I see this. Oh, this is what asphyxia looks like, you can't wait, you want to see"*

Participant 3 verbalised her opinion in this manner:

> *"Ok, in terms of the quality of nursing education at our college, I would say, looking at the theory and practical sides, theory that I got from 1st year, I would say the foundation was great (smiling), because it helped me to be able to stand and be able to prepare for*

my own modules and cope, because if the basics that I got was not as good as I think it was, then I would be struggling to continue, because 1st year really , it was good in terms of the tutors , the lecturers"

Participant 6 indicated her opinions regarding negative lecturer attitude:

"And then you get the one who has , eh , whose teaching style , I would say is quite bully in the form that they do not ask you what you understand, they tell you and they are done...They are intimidating in such a way that you cannot even ask for clarity. So, that on its own is a disadvantage".

Participant 1 explained:

"Uh, people that say, I am qualified, I have got so many bars (pertaining to different nursing qualifications), eh, eh, I don't like those people. The people that would tell you about his or her children. I don't care about...My children are educated. What, what, eh, people who have short temper. They must know that we are students as old as we are but we are their children and must treat us as such".

Participant 3 verbalised this about the attitude of lecturers:

"Yes. Like I have said, the tutors are not the same. Some of them will talk to us like, I don't know, we are a charity case or something. They would say such things that are hurtful, but then because we are there, especially us the bursary students, because now the government is funding. They would say, we would hear such things that: you want to complete the course, you are being paid for, you don't have to worry, you have accommodation, you have stipend, so these are the learning outcomes, you have text books, go to the library and study".

The results are congruent with recommendations by Gardner et al. (2007:100) who identified the desirable characteristics of teachers sought by students as: "understanding, availability, encouraging, and a caring attitude". Confirming the study findings by Yeo (2008:268), students in this study highly appreciated lecturers who were approachable, citing that good attitudes build up positive practice environment. In harmony to existing literature, the findings of this study showed that negative attitudes by lecturers impede teaching and learning (Rocca 2011:205).

Category 2: Motivation from clinical staff

The primary role of a professional nurse is delivery of quality care to patients. In addition, they also have a teaching role towards other nurses (Courtney – Pratt et al., 2011:1380). Gray and Smith (2000) in Fitzgerald, Gibson and Gunn (2010:159) argued that the skills, qualities and attitudes of mentors are more important to a positive practice placement than the physical learning environment. Understandably, students highly valued knowledgeable professional nurses who assumed their teaching role with pride. Some professional nurses, despite all resource challenges, touched the students positively and instilled a deep love and passion for the service. On the contrary, students reported that negative attitudes by clinical staff destroyed relations, thus affecting clinical teaching and learning negatively. Negative behaviour displayed by clinical staff was mostly attributed to shortages at the clinical institutions. The poor clinical experience was exacerbated by nurse managers who viewed students as an extra pair of hands, thus reinforcing negative attitudes by professional nurses towards students. Three sub – categories emerged from category 2, namely, (1) Poor knowledge base of professional nurses, (2) Poor nursing skills of professional nurses and (3) Attitudes of professional nurses.

Sub category – 1: Poor knowledge base of professional nurses

The findings of this study revealed that some professional nurses in the clinical settings were knowledgeable and enriched the clinical experiences of students. However, the students were also exposed to unskilled professional nurses, who impacted negatively on their clinical experience. Baglin and Rugg (2010:145) argue that the quality and nature of student's placement experiences could directly impact on their ability to perform efficiently. Accordingly, students need guidance from knowledgeable professional nurses. Courtney – Pratt et al. (2011:1388) argued that supervising professional nurses should demonstrate high standards of care and give students opportunities to practice nursing. Limited knowledge and understanding by professional nurses hinder positive practice in the clinical environment, therefore mentors need skill development. As a result, Glasper (2013: 58) recommended that stakeholders of nursing education should fund and support continuing professional development to promote a future health care of efficient nurses. Similarly Hathorn, Machtmes and Tillman (2009: 229) attested that clinical coaching improved after mentors attended workshops and were provided with materials to assist them with their mentoring roles. Quality teaching and learning in clinical areas demands incorporation of collaborative strategies between nursing education and nursing practice.

The view is attested by participant 5 who verbalised his perception about the knowledge base in this manner:

> *"So even if you did not understand something in class, when you try to understand it at the facility, you find someone telling you that , nna (I) , have done that back 15 years ago, so I don't remember that. So that's how the gap, eh, starts".*

The study finding shared the sentiments of Beukes, Nolte and Arries (2010:4) who reported that students became demotivated to work under the guidance of professional nurses who could not impart recent knowledge.

Sub category – 2: Poor nursing skills of professional nurses

The opportunity to develop knowledge of nursing practice is an integral component of student placement in the clinical areas. Since nursing is to a greater extent a skilful science and art, professional nurses should be highly skilful and willing to impart such skills to students. Fitzgerald et al. (2010:161) refer to clinical mentors as gatekeepers of the profession, therefore they should feel personally and professionally confident to facilitate clinical teaching and learning. The present study revealed either poor skill acquisition by professional nurses who are mentoring students or following a different way of doing things than what students were taught at the college. In order to avert such disparities between nursing education and nursing practice disciplines, collaborative strategies have to be implemented (Rakhudu & Davhana-Maselesele, 2016:7). Gray and Smith (2000) in Fitzgerald, Gibson and Gunn (2010:159) argued that the skills, qualities and attitudes of mentors are more important to a positive practice placement than the physical learning environment.

Commenting about the skills of professional nurses, participant 3 said:

> *"They would just show you how they do it in the wards, so it becomes something else, which was not demonstrated at the college. So it's a bit challenging, because when we are in the clinical facilities we do something else and when we are at the college, theory is something else".*

The study results concur with Tshabalala (2013:43) where students cited that some professional nurses lacked clinical competence and take short cuts when performing clinical procedures. In addition, the findings of this study were congruent with the results of a study conducted in clinical learning environments in Turkey where nursing students cited a difference between the

content of class lecturers and what was implemented in the clinical practice (Sercekus & Baskale, 2016:136).

Sub – category 3: Attitudes of professional nurses

The current healthcare system demands a wide range development in the students' knowledge, skills and attitudes (Rugg & Baglin, 2010:146). Accordingly, students should be provided with opportunities to learn in order to master basic nursing procedures and techniques (Rugg, 2010:145). Students reported to have experienced positive as well as negative attitudes from professional nurses at the clinical areas. A consideration of current literature related to clinical experiences confirmed that attitudes of professional nurses has an impact on the quality of clinical teaching and learning of students (Rikhotso et al., 2014:3, Tshabalala, 2011:46). Positive as well as negative attitudes as experienced by students are discussed in this sub-category. A qualitative study on the experiences of nurses working with student nurses revealed that nurses displayed negative attitudes towards students by being condescending, ignoring, being judgemental, behaviours that were barriers to learning (Hathorn, Machtmes & Tillman, 2010:242). On the contrary positive attitudes displayed by professional nurses help students to become part of the clinical team and it influences their stay in the profession, thus decreasing further shortages of nurse professionals (Hathorn et al., 2013:243). These assertions were verified by the following excerpts on positive as well as negative attitudes displayed by professional nurses towards students:

Participant 5 voiced his feelings in this manner:

> *"When I came here to school I had an attitude towards midwifery, but the type of mentor that I received in the institution, changed my attitude towards midwifery, now I feel I can go and work in a midwifery ward or maternity compared to the time when I came here".*

The following excerpt was expressed by participant 3:

> *" So it depends which institution we are at and the nurses that we get there, whether they are willing or not, because they are not the same. Some, they do have the passion to take some of the time to teach us some of the things we need to know in order to provide quality nursing care. "*

The following quote was verbalised by participant 3 from campus A:

> *"Uhm (takes a deep breath). Like I'm saying, we, we feel like we do not have a choice, because now we tell the managers that we are here for this, and the manager would say: "This is my facility. I'm saying I need you to do this ... Like the last time we told the manager there at the clinic, we are supposed to go out to this particular psychiatric patient, then she actually said: "If you gonna leave at 10:00 you must go forever. Don't ever come back here, this is my facility. So if you wanna do as you please, go".*

Participant 6 from campus A verbalised her feelings:

"And the professional nurse at the clinical level they will always ask us, how your lecturers can bring you here, they don't come to show you things. They will be shouting at us, but we will be availing ourselves. Looking at what they are doing"

The findings of this study were similar to literature by Anderson (2011:49) and Rebeiro, Edward, Chapman and Evans (2015:1208) who reckoned that students attributed meaningful clinical experiences to a situation where there is collegial and mutual respect between parties involved. Similarly, the study findings echoed the findings by Sercekus and Baskale (2016:134) who pointed that positive relationships between mentors and students improve the quality of clinical learning, increase clinical performance and motivation and reduce anxiety. The findings were further congruent to Rikhotso, Williams and De Wet (2014:3) who attested that aggressive behaviour by professional nurses 'severe' interactions with students.

3.3.2.3 Theme 3: Inadequate resources

This theme discusses the perceptions and opinions of students regarding the resources that are supposed to guarantee quality in nursing education. Resources are an integral part that ensures smooth running of any institution. A compromise of resources in HEIs will yield in compromised quality and availability of enabling resources will enhance quality. O'Connor and Carr (2011:379) recommended that resources need to be allocated by policy makers and managers to address staffing levels, teacher training and equipment. NEIs should therefore assess clinical resources for adequacy, size and types of patients to ascertain whether they would provide relevant opportunities for students to meet their programme outcomes (Casey & Clarke, 2011:933). The students commented on resources that were currently available and those that they expected to be there in order to offer quality education. On a general note, the students at both campuses were grossly dissatisfied with available resources, however, a few

positive outputs emerged on the quality of human resources. The voices of the students regarding theme 3, that is, resources is displayed in Table 3.5. The theme is further divided into three categories and eight subcategories.

Table 3.5 Inadequate resources

1.Inadequate Resources	**1.** Inadequate physical resources	• Inadequate and non-conducive classrooms • Poor library services • Absence of computer laboratory / IT Services
	2. Inadequate human resources	• Shortage of academic staff • Quality of academic staff • High attrition of academic staff
	3. Inadequate financial assistance to students	• Poor access to funds for matriculant students' academic needs • Absence of financial support for students with previous nursing knowledge

Category 1: Inadequate Physical Resources

The findings of this study revealed that physical structures are inadequate and not ideal for quality education. Dalrymple and Srikanthan (2007:189) commented that until people could make their work space a learning space, learning will always be a nice shallow idea. Accordingly, NEIs should provide adequate and appropriate physical resources for quality education to be realised. Multiple research studies have recommended proper facilities in ensuring quality nursing education (Glasper, 2013: 59; Butta & Ur Rehmanb, 2010:5446). NEIs should therefore prioritise the infrastructure for quality nursing education to be offered. Three sub – categories emerged from category 1, namely, (1) Inadequate and non-conducive classrooms, (2) Poor library services and (3) No computer laboratory / Poor IT services.

Sub – category 1: Inadequate and non-conducive classrooms

Good quality education provides better learning opportunities and suggest that the levels of satisfaction or dissatisfaction strongly affect the student's success or failure of learning.

Students in both campuses raised concerns about classroom sizes, the quantity and capacities of classrooms against the actual student numbers and conditions that they have to endure in those classrooms. A Pakistan study on nursing students revealed that the learning environment and the classroom facilities was ranked as an important quality service (Butta & Ur Rehmanb, 2010:5446). Accordingly, the study recommended conducive and favourable learning environment should be provided in higher education institutions and classrooms should be upgraded by using state of the art technology (Butta & Ur Rehmanb, 2010:5450). Similarly, Lewallen (2015: 135) argued that class size matters and that NEIs should assess themselves with regards to the quantity of classrooms and their capacity in order to provide quality nursing education. The students were dissatisfied with the classroom conditions as evidenced by the following quotations:

Participant 2 verbalised her opinion in this manner:

> *"Firstly, if its winter, it is too cold and in summer you cannot breathe. Lighting itself, it gives you visual problems. And chairs, they are so broken. You will be listening and again being too careful so that you don't fall. Anything can break at any moment. You, you go there and you are scared of being electrocuted, because even the plugs are sometimes short-circuited. It's just chaos".*

Another student said:

> *"If I have to give an honest fact, I would say they are disastrous if it is a word to use. The first thing, we have a shortage of classes. If it is not shortage of classes, then the classes are too small for the numbers that's in there"*

One student commented

> *"Other classes like the one we are using currently, it is too small. For someone to go to the toilet, you struggle"*

The study results coincided with the results of other researchers who confirmed that appropriate, well lit and ventilated lecturer rooms are vital for quality education (Dalrymple & Srinkanthan, 2007:189; Gamage, Suwanabroma, Ueyema, Hada & Sekikawa, 2008:193).

Sub – category 2: Poor library services

Students in this study echoed with one voice that library services were poor. Anarado et al., (2016:142) observed challenges of poor accessibility, inadequate library size and limited resources in the library facilities at specific NEIs in Nigeria. Accordingly, Dalrymple and Srinkanthan (2007:18) suggested that libraries should be spacious, well ventilated and adequately equipped in order to enhance good learning and teaching. Therefore NEIs need such structures if they want to promote quality education. Commenting on the present state of libraries found at both campuses, students voiced their concerns in the following manner:

The following excerpt came from participant 4:

> *"If it is possible for the college to increase the library size. Like I said, the library is very small; there is not enough books for everybody when they want to come for referral and so on."*

Participant 3 voiced out her feelings in this manner:

> *"Concerning the library that we have, it is too small. The number of students that we have, really, it does not accommodate even a quarter. So it is poor"*

Another participant said:

> *"At the library, there is a very big problem. The library on its own is out-dated, I may say, because the only books that are in order, the only books that are up to date is the books that are being prescribed. The rest of the books we should actually go look for further explanations for, eh, for further clarities. They are out-dated. We cannot get new information from our library."*

The findings of this study were similar to the findings by Anarado et al., (2016:142) who highlighted small size library with inadequate learning resources and poor accessibility as hindrances to quality education for nursing students. Interestingly, the expectations of students in this study were in contrast with the findings of Gamage et al. (2008:193) whose findings did not rate library services highly as a quality education contributory factor. A reason cited for this could be an already optimally functioning library, which was a different case with the present study.

Sub – category 3: No computer laboratory / Poor IT Services

This study revealed absence of computer laboratories and poor information technology services. This despite the introduction of electronic learning in nursing education since 1969 as reported by Lewis et al. (2005) in (Kala, Isaramalai & Pohthong, 2010:62). Given the current shortages of nurse educators and large class sizes, the use of technology has proven to be convenient and beneficial (Endacott, Scholes, Buykx, Cooper, Kinsman & McConnell-Henry, 2010:2729). The students dissatisfactions about computer laboratory and IT services are evident in the following quotes: Commenting about the computer laboratory or use of IT in teaching and learning, the students commented:

Participant 3 verbalised his opinion in this manner:

> *"In this institution they do not make provision for using the internet at all (emphatic). There is no WIFI and there is no working computer laboratory or something of that nature. We do not have at all... The institution is disadvantaging or it is promoting future nurses that are not well equipped with computer skills"*

Participant 3 indicated his feelings:

> *"Again we also have, eh, students that come from different facilities like, hospitals and clinics that join us as matriculants for the four year course. Some of them they are elderly people, so they are not computer literate. So it becomes a challenge, like last week when we were supposed to apply for community, Comserve (meaning community service), it was a real challenge, because they could not even type and even move the mouse in order to select whatever that was demonstrated by the people from the department. So it also affects us, because the technology as it goes, we are going to need it at our facilities when we are professional nurses there. So if we are unable to access it or be able to use that computer, what is going to happen because we are not offered any basic training in terms of computer literacy"?*

Participant 6 voiced out her opinion:

> *"I think the college management should prioritise WIFI. I mean these days it's very rare to find a tertiary institution that does not have WIFI for their students"*

The results of wider literature confirm this study findings by recommending the robust use of IT in tutorials, even providing feasible ways for HEIs to judge themselves for IT compliancy

as generally students are dissatisfied with the absence of provision for IT (Lewallen, 2015: 135; Dahl & Smimou, 2011:585).

Category 2: Inadequate human resources

Good quality education provides better learning opportunities and suggest the levels of satisfaction or dissatisfaction by students (Butt & Ur Rehman, 2010:5446). According to the authors, teachers' expertise is the most influential factor on the student satisfaction level with quality offered at the institution. This calls for investment in the nursing academia. Accordingly, Tuxburry, Vilton, Hays and Street (2016:115) recommended that an increase in the quantity and quality of nursing faculty members would ensure a sustainable, positive impact on the nursing profession. Therefore, NEIs are challenged to have adequate numbers of educators to provide quality.

Sub - category 1: Shortage of academic staff

The current study revealed a gross shortage of nurse lecturers. Not surprising as there was a global recognition of the challenge or lack of sufficient nurse academic staff and a forecasting of worse shortage scenarios was documented (Fang, 2013: 164; Anarado et al., 2016:143). This shortage further exacerbated the shortage of nurses as it was the primary reason for reduced enrolments in nursing programmes (Fang & Bednash, 2014: 164). Furthermore, such gross shortage was consequently reported to compromise the quality of nursing education as available staff becomes overloaded (Geyer, 2004:34). If the ratio of lecturers to students remain unbalanced, important classroom interactions would be negatively affected. The following extracts reported students views about shortage of human resources in relation to academic staff:

Participant 2 voiced his opinion in this manner:

> *"So with the human resources, concerning the lecturers, eh, the college is really struggling with HR. You find that the number of lecturers is, the numbers of lecturers are minimal, so that one is a serious problem. You find that lecturers cannot cope with large numbers, when it comes to HR, so it's a serious problem. It needs attention that one".*

An extract from participant 4 read thus:

> *"Eh, the resources let me start with the human resources. Eh, the human resources (HR) there, (pauses and close eyes), there is a lot of shortage after all. It's the main thing, the*

shortage that we have. So we only have 16 lecturers, if I am not mistaken, including the HOD's. On its own it's a problem because these sixteen lecturers they have to be divided. Putting in mind that there is Psychiatry as a speciality, and we have Midwifery as a speciality. We should exclude lecturers and HOD's of these two specialities. Meaning we might have about 8 or 9 lecturers who will deal with the entire, eh, eh, modules and everything which is left, which is GNS, Fundamental Nursing Science and Community. So with the Human resources it's a big problem. So it's going to really, it's really, really affect the entire college".

This quote came from participant 2:

"*And also we need more education staff. We need more lecturers. We cannot run away from that. Whatever, they must just avail the budget, the department of health must avail budget. They must go out there, and motivate the other employee; there are a lot of professional nurses that have got education sitting at the clinical services. They must just go and ask them to come and help at the college if they want to produce quality nurses. If they want to invest in the nurse's future, they don't have a choice*".

Commenting on the impact of reduced academic staff quantity participant 4 said:

"*Eh, for it to, to (stuttering) actually have good or positive results at the end, we should be able to help each other, but now with this huge shortage, it cannot happen , and it end up having very negative results at the end, because while trying to hold this other side , the one on the other hand , one goes or the is an empty space that has to be filled again, so the concentration , the results that we get, actually they tend to drop, that's how it actually happens, making the college life for students, for lecturers , for management to be difficult. For an example , last year we saw , we witnessed a very huge , eh , huge , I do not know how to call it , but I can relate it to a tornado , because we had + 50 students who failed , eh , midwifery, that's the result of having eh , shortage of HR*"

Another participant said:

"*So it means that this quality of nursing education will be affected. This will lead to the college, maybe it; it might even close if something is not done now (emphatic), because already it is a challenge now. One tutor will have to teach more than 2 or 3 classes, it's exhausting, too much workload. And it also impacts negatively because the quality of*

teaching is also affected because they do not get enough time to prepare and also to consult with us, to check if we need assistance, so it affects us negatively"

The study findings are congruent to Fang (2014:164) whose study identified a steady rise in shortages of nursing educators due to retirement, unsuitable working conditions or movement informed by greener pastures.

Sub category 2: High Attrition of academic staff

In this sub – category students commented on the imminent disaster the college is faced with because of massive attrition of lecturers. Fang (2014:164) viewed nursing faculty attrition as a loss to the nursing faculty workforce in general as they are the producers of tomorrow's nurses. The reasons for staff attrition are multifactorial and therefore total attrition cannot be stopped, rather it can be controlled since natural attrition, e.g. deaths and retirements are unavoidable. The student's concerns were documented in the following quotes. These are their comments:

The following excerpt came from participant 2:

"You find that if there are about 10 posts, you find that there are ten posts being advertised but you find that there are only 2 or 3 lecturers who will come at the end of the day and even those lecturers do not usually stay for a very long time at the college. Not knowing the reasons behind, whether it's personal or its work related.... The reasons eh, for the lecturers being less at the college we really do not know, what's pushing the lecturers to go at the college we really do not know".

Participant 3 said:

"We have lecturers now that are left, they are close to retiring. So when they are leaving, what's gonna happen? In 2 years coming, it will be a serious challenge in terms of eh, tutors".

The study findings are consistent to Glasper (2013:58) whose studies revealed high attrition rate of nurse academia reduced hiring pool of younger nurse academics.

Sub category 3: Quality of academic staff

Quality nursing education would occur only if the academic personnel are suitably qualified for the work, passionate about nursing education and knowledgeable about their work. Literature stipulated that the lecturers should be appropriately qualified, where such

recognition should have been awarded by a recognised HEI and literature suggested that students highly valued knowledgeable academic staff (Cleary, Happell, Lau, & Mackey, 2013:63; Yeo, 2008:268 ; Anarado et al. , 2016:144). Students in this study understood that a qualification in nursing education as well as clinical experience were mandatory for serving as a nurse educator.

Commenting on the qualifications of lecturers, participant 5 said:

> *"Uhm, I will be lying in terms of their qualifications, but what I , my own personal understanding is that everyone must maybe go through a D4 (meaning a basic diploma in general nursing , community , psychiatry and midwifery) and do Education to come and teach, that's how far I know"*

The following extract came from participant 6:

> *"It is good quality. Maybe if I, eh, may support what eh, statement. It is good because the lecturers, that are giving us lectures here, are the people who previously worked as health care givers. That's my reason and reason being that they are trained to be educators"*

Participant 3verbalised her opinion thus:

> *"And then for me, the experience that we had like, the new lecturers that came in 2014 or 2015, uhm, I would say they were good, because they took, although they were new in the field of facilitating, they had like the experience, and then they channelled them well, with regards to, for an instance, when a lecturer was working in a medical ward, they would keep them to facilitate what is relevant".*

In congruence with literature, some students understood that their lecturers should have an appropriate qualification in nursing education as a prerequisite to enter into the college (Tuxburry, Vilton, Hays & Street, 2016: 120).

Category 3: Inadequate financial assistance to students

The college had two types of student population groups, those without prior nursing knowledge and those with prior nursing knowledge. Students in the latter population group have been granted study leave and they still received monthly payment from their employers. However, no further financial assistance was given to them. The student population group without prior

nursing knowledge were recipients of the bursary granted by the department of health. Before 2010, this population of students used to be on the payroll of the department. Currently, there have been governmental financial cuts off globally and that trend resulted in the funding model being changed (Nardi & Gyurko, 2013:317). The student in this study verbalised dissatisfaction with the current bursary system. On the other hand, the student population group who were still on employment verbalised the need for further financial support. The study by Gamage et al. (2008:191) revealed that financial assistance was ranked highly by students as a facilitator of quality education, that despite decreasing public funds. Given the precarious nature of bursary arrangements in the UK, Glasper (2013:59) encouraged that public financial support for nursing students should be adequate. Two sub- categories emerged from category 3, namely (1) Poor access to funds for students' academic needs and (2) Absence of financial support for student with previous nursing education.

Sub category 1: Poor access to funds for students' academic needs

Financial resources are mandatory for the existence of any educational institution. However, Gamage et al. (2008:191) noticed that financial funding by the public sector were reduced. As a result some studies have recommended financial assistance and investment in nursing education (Glasper, 2013, 59). Over and above the running of the college, students also needed finances in order to succeed in their education. Student's dissatisfactions were verbalised as follows:

The following extract came from participant 2:

> *"For we are on the bursary system. So, uhm, we get given the transportation costs to go to the clinical area, and then they will pay us R200.00 a week, and it gets paid upfront for the semester. So we are awaiting since this is our second semester, we have just finished the theoretical block, we are supposed to go to the clinical services and you think that the money should be paid before you actually go there, but as I speak now, it's Friday, Monday I am supposed to report on duty, we have not yet been paid (sarcastic giggle)."*

Commenting about late payment to transport allowance, one student said:

> *"It affects us badly, because most of the learners they come from disadvantaged background. They don't have money. So come Monday, they will not have money to report to work and SANC need 1000hrs from us. They cannot report to work because,*

they were not given transportation money, and they are going to have shortage of hours, clinical hours."

Participant 4 commented:

"At times our books do not arrive in time, so that we can start our modules with our own textbooks"

This quote came from participant 1:

"Uhm, on the bursary system we get given the prescription, uh, I mean prescribed text books and that's another problem because sometimes they are late. You get the prescribed books after you are done with the module because of the back order or something has happened, they were not delivered in time, and there is also shortage. Sometimes you find that in the class 20 people did not get their prescribed books and they will never get them, because they were never just enough for everybody".

The findings of this study were similar with Glasper (2013:59) who noticed risks with administration of bursaries and recommended that finances for nursing students should be strengthened.

Sub category 2: Absence of financial support for student with previous nursing education

For successful adjustment in any situation, preparation is important. Financial adjustment is imperative for people who suddenly after many years find themselves as students, otherwise teaching and learning experience becomes stressful. A study by Glasper (2013: 59) revealed that lack of finances is a course of student attrition from nursing programmes thus recommended financial support for mature students. Therefore, Kiernan, Proud and Jackson (2015:1090) recommended that the nursing education institutions should be mindful about this student population group. The current study revealed that students who are on study leave needed further financial support with their studies. The need for financial support was raised in the following quotes:

This quote came from participant 4:

"The thing is, just seeing that I am an RPL, we have a lot of constraints, especially with uhm, learning materials, like books, those kind of things. Previously it was deducted out of our salaries, and then all of a sudden it changed so that we have to buy our own books. And that

in it is a big financial implication for us. Seeing that the books that we have to buy are from Van Schaik and from Proteas and those places are very expensive. Whereas the ones that we received from the college were not that expensive and it was the same kind of books that the bursary students received".

Participant 6 pointed to the significance of financial support in this manner:

> *"To my opinion we have a challenge. More especially us students who have got required prior learning, that we are not, we don't get books. Sometime the challenge of getting books is not about money. It's just that the planning, I think the planning here at the college if maybe they use, maybe they say , next year you will be at that level, 2nd year learner , here are the books that you are going to use. Then I prepare myself, I buy the books".*

These findings are congruent with Freitas and Leonard (2011:12) whose study revealed that students ranked financial assistance highly as a facilitator of quality education and they would appreciate flexible plans for payment of loans. Furthermore, Kiernan et al. (2015:1090) echoed the study findings by recommending that nursing education institutions should be upfront with expectations about placements, travelling costs and related study resources.

Theme 4: Ineffective interactions between students and lecturers

This theme relates how the student nurses viewed the interactions occurring between them and the lecturers. The role of communication in education could never be over emphasized. According to Killen (2010:395) effective communication is a critical cross field outcome which should be established in a learning environment. D'Souza (2015:837) thus recommended that nurse teachers should create a good atmosphere with open communication and commitment between themselves and the students. As students' studies are affected by multiple factors, nurse educators would communicate to students on their academic as well as social activities (Kiernan, Proud & Jackson, 2015:1090). Two categories emerged from this theme, namely, 1) Ineffective interactions between students and lecturers and 2) Poor customer services Category 1 has two sub – categories and category 2 has thee sub – categories. Table 3.6 displays theme 1, categories and sub – categories.

Table 3.6 Ineffective interactions between students and lecturers

3. Ineffective Interactions between students and lecturers	Ineffective communication	• Ineffective academic literacy. • Delayed performance feedback sessions.
	Poor Customer Services	• Absence of healthcare services • Poor Social services. • Inadequate and poor residential conditions.

Category 1: Ineffective communication

Communication is a necessity for human interactions and quality education cannot occur in its absence. Butt and Ur Rehman, (2010:5440) recommended that healthy and effective communication should be established between students , teachers and other stakeholders of higher education in order to provide necessary information to the students regarding curriculum , offerings and opportunities. Furthermore, educators have a responsibility of communicating performance feedback in the class and at the clinical facilities. Nicol and Macfarlane – Dick (2006:201) reported that meaningful and effective feedback served a dual purpose, according a student a chance to reflect and correct her errors. Similarly, the lecturer also gets an opportunity to reconstruct his or her teaching strategies informed by the students' performance and their dialogue. Two (2) sub-categories emerged from this category, namely; 1) Ineffective academic literacy and 2) Delayed performance feedback sessions.

Sub – category 1: Ineffective academic Literacy

Communication skills are essential in the nursing profession since student nurses need to write assignments, tests and do presentations in the classroom. Furthermore, at the clinical areas students need to write reports and communicate with members of the multidisciplinary team and patients from different ethnic backgrounds. This study recognised a need to introduce English academic classes in order to improve English proficiency in students with challenges. Wide literature revealed that a considerable number of nursing students who use English as a second language experienced a feeling of inadequacy when they have to communicate verbally or write an acceptable academic or clinical progress report and that such gaps in language

proficiency skills limited the student to meet course demands (Miller, Russell, Cheng & Skarbek, 2015:176; Lai, 2016:29). Therefore, it was observed that students needed to be proficient in the English language so that they can benefit optimally from theoretical and clinical teaching as it is the medium of instruction at the college. Students commented about the identified language gap in the following manner:

Participant 2 verbalised her opinion in this manner:

> *'The only problem I have encountered for now, especially in our college, I won't speak for other colleges, I don't know if they have the problems, but here, especially because this is the college that gets most people who are older, like over 30s and because we get seconded officers that have been nurses for over 20 years, and now they are on study leave, there is a problem when it comes to communication, especially in the English language. And we understand that there is eh, the medium of instruction .What I would recommend over and above the content that we get, they should just have the communication class where they are prepared. I mean, I have never seen a report written in any language other than English. And we know nursing is always about reporting, so, if we are letting them to go and they cannot express themselves in the language. One day they will stand in court, what are we saying"?*

Participant 6 said:

> *"The majority of the students attending at this college, they don't have a clear English background neh, eh, I forgot to actually emphasise that I believe from 1st year, there should be a subject that actually improves on the quality of English of some learners. So that, because sometimes it is not to say the learner does not understand the question, it is more that they cannot express themselves".*

Another student commented:

> *"...It's not always as easy as it seems. You have to be dedicated. You have to put yourself in there, otherwise you won't make it. And yes, the English language is not our mother tongue, but if you can try at least to grasp it better, to, to go out maybe read an English book or something like that just to get your English, eh ,more , how can I say it , more out there , you will be fine. "*

The study findings are congruent to Glew et al, (2015:1146) who recommended additional language and literacy support for students using English as a second language in order to successfully complete the nursing course.

Sub – category 2: Delayed performance feedback sessions

Feedback is a crucial component of teaching and learning irrespective of whether it's given by peers or teachers (Li, Liu & Steckelberg, 2009:525; Sadler, 2010:535). Constructive feedback increase the level of self – esteem and promotes personal growth and development of both the assessor and the student (Clynes & Raftery, 2008:406). Despite the fact that feedback was observed as an essential ingredient of quality education, most participants raised significant inconsistency in the amount of feedback received and delayed feedback on academic assessment and performance. Students in this study reported that academic feedback comes many weeks after assessments were written and that it was not even effective as it was reduced to one sided information transmission service. The students raised their views in the following quotes:

Participant 2 verbalised her opinion her opinion thus:

> *"Uh (rolling eyes) .You get your script that is marked with some notes if you are lucky. Sometimes you find that lecturers will come and they will give feedback as how you performed, but sometimes when they come, I mean the scripts; you are already at the clinical settings because there is never free time at the college. If you are not in class you are at work, and there is no feedback. You just being told come and collect your script, and you are just handed over the script, there is no feedback at all. So I would say 70% of the time, there is no feedback as how you performed. You just see it in red pen".*

The following extract came from participant 3:

> *"I would say level 4 very poor. You get the script, eh, like myself I will be in Rustenburg, I am studying in Mafikeng. We would write all the tests from module 1 to 6 and by the time that we are living, travelling day, then we would have received 2scripts for each module. Let's say Psychiatric Nursing Science we wrote 3 tests, and Midwifery Nursing Science we wrote 2. So you would have 1script for Psychiatric and 1 for Midwifery. So it's not that good because now when the students who are in Mafikeng get the feedback, we are not around. We do not get the information that concerning the content eh, the performance and all that. So we miss out because we are not there, we do not get the*

feedback. We just receive the scripts. So if you do not take it upon yourself to call the tutor, maybe if we have some concerns, so it becomes our loss, nothing can be done".

The findings of this research were similar to the study findings conducted by Weaver (2006:379) who reported that generally students appreciated timely feedback, however they believed that oral comments by the teacher are more meaningful than written comments. On the contrary, Sadler (2010:535) reported that for many students feedback seemed to have little or no impact.

Category 2: Poor Customer Services

Students are human and therefore they have social needs. As a social being, a student needs to be engaged in social activities so that they remain healthy. According to World Health Organisation (2007) physical activity was identified as a basic function and an important aspect of a healthy lifestyle. Physical activity produce positive psychological benefits including increased self-esteem, enhanced body image and improved mood, qualities needed for successful completion of studies (Burke & McCarthy, 2011:230). Additionally, some students have multiple roles to play, as parents, spouses and students, therefore they are faced with the challenges of balancing the needs of the family and their education (Kiernan, Proud & Jackson, 2015: 1090). These challenges could prompt them to request for social services. Three sub – categories arose from this category, namely 1) Absence of healthcare services, 2) Poor social services and 3) Inadequate and poor residential conditions.

Sub – category 1: Absence of healthcare services

Nursing students provide healthcare and are at risk of exposure to preventable disease such as influenza while directly providing care. One of the corner stones of the nursing profession is that a human being should be attended to holistically. Therefore, student nurses expect their education to follow this holistic approach and provide basic health services to them. However, students cited unavailability of health care services at the NEI. This matter was of serious concern for students, particularly since they are trained to render health care services to communities yet there was none for them. Klainnin- Yobas, He, and Lau (2015:1204) viewed students as health role models and therefore an expectation was that they should lead by example when it comes to health promotion and positive health behaviours. The dissatisfactions of students were evident in the following quotes:

The following quotation was from participant 3:

> *"We don't have anywhere to consult, so we have to go to Unit 9, get the nearest clinic. Again in terms of that we are nursing students but we don't even have a mini clinic in the college where we can consult. Because what we say is, we say health is holistically, physically, emotionally, spiritually and we need to cater for that, but we feel we don't get such; we are not fulfilled at all".*

Participant 2 commented:

> *"We do not even have a campus clinic, where we can just go and check your BP, and that I do not understand. I really do not understand (emphatic), yet we have youngsters, uhm, uhm, females, child bearing age. They cannot even go for simple family planning clinics for their contraception's. If you, our lecturers are professional nurses, they can offer that, right here at the college".*

The students in this study echoed the aspirations of Freitas and Leonard (2011:12) who recommended that nursing students should be recipients of quality health services. On the contrary, the findings of this were dissimilar to the study results conducted by Cheung, Ho and Lau (2017:1482) were students showed less interest in vaccination for flu prevention.

Sub – category 2: Poor social services

Nursing students need to get engaged in social activities as members of the college society and as members of the bigger society. Notwithstanding, students in this study reported minimal engagement in sporting activities because of lack of resources. They further reported lack of social as well as clinical services. Furthermore students raised great concern regarding residence. It was reported to be poor and inadequate. Moeck, Hardy, Katsinas and Leech (2007:334) reported that providing on – campus residence made it possible for students to complete their studies in critical areas of need including nursing. At campus A students voices were in consensus that there was totally no social support coming from the college. The assertions are confirmed by the following statements:

Participant 2 voiced out her opinion:

> *"... and again, like I was saying earlier, our college has got a lot of mature students, like they are older, the over 30s, some of them are married, they are mothers and as a person you encounter some personal problems and at the same time you are required to come here. And they just need support ... I would think that there should be a social worker, somebody that can come to the college and we can talk. Universities have that. Why don't we have that? We are also a tertiary institution".*

Participant1 voiced out her opinion in this manner:

> *"Our relationship with our lecturers at the college is strictly business; you are here to acquire nursing education, that's it. Our social needs are not being catered for".*

The following citation came from participant 6 who indicated her views in this manner:

> *"We were told there is a social worker here; you will never actually get a line of students queuing to see the social worker. You won't. The only thing you will get, learners then, students on their own they will book themselves off, sick, attending a psychologist outside the college, but here, a holistic approach towards students need does not exist, it's only academic"*

Another participant verbalised his opinion in this manner:

> *"Other neeedssss...psychological... oh well...I mean, for me, nna (I), for me, my only contact with the staff of this college is only the lectures. I know there is a social worker here, if, if, if (stuttering) you need to contact her, but I have never used her services, because ya, I have never had a need to see a social worker here".*

Congruent to the study findings conducted by Gardner et al. (2007:101), at campus B students stated that there was a social worker at their campus, however it seemed that students were still not using the service optimally but consulted health professionals outside the campus.

Sub – category 3: Inadequate and poor residential conditions

Colleges and universities offer on – campus housing for many reasons (Bekurs, 2017:621). Among other benefits of residing at the on – campus residence, Astin (1993) in Moeck, Hardy, Katsinas and Leech (2007:327) cited good academic performance. However, expansions in students registering in higher education institutions have increased the demand for the quantity

and quality of on-site residence. The challenge has been worsened by decreased public funding (Bekurs, 2017:621; Moeck et al., 2007:331). The students who are on study leave verbalised a need for residence provided by the college. They cited potential benefits of access, possibilities of group discussions and better academic performances. However, students were dissatisfied with the inhabitable condition of the residence. The students concerns were revealed in the following quotes:

Another participant said:

> *"Ok, when we started in first year, the residence was not that nice. There were lots of rats and cockroaches and that kind of thing"*

Participant 6 said:

> *"It affects us, more especially when we want to study as in a group. When we want to discuss in a group, the advantage for the students who are staying at the college here at the hostels, they are able to come together, let's say in the afternoon if they want to study in a group, they are able to come together. But the one, the student who is going out there, let's say if he or she is staying far off from others, cannot meet with others so that she can read together, study together".*

The following citation came from participant 3:

> *"The nurses home also, we have a challenge of accommodation. Especially for us that are doing clinical practice in Rustenburg, because when we leave, we are supposed to leave with all our belongings. When we come back, we do not have anywhere to go .The rooms that we were occupying before, they have been given to someone else, and so it really affects us a lot. And we feel like we are not part of the students somehow (sounding very sad), because every time when we come, we have to struggle for accommodation. We have to settle down; you don't know where you are going to stay. So it's a bit challenging. It affects us a lot. You become so negative, we feel like we cannot wait for the course to end. Yah, that's what I would say".*

The findings of this study results are in contrast with recommendations by Freitas and Leonard (2011:12) who recommended that student shelter should be readily available and easily accessible on entry into a nursing programme.

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3.3.2.5 Theme 5: Perceived theory practice gap

This theme relates how the students perceived the programme in relation to the curriculum, college mission, provincial and national needs. According to Behar (1994) in Uys and Gwele (2005:35) curriculum development is a process of deciding what to teach and learn along the considerations needed to make such decisions. The considerations include aspects such as tasks, roles, resources, time and space. If the resources are not available, curriculum guidelines will not be authentically implemented (Uys & Gwele: 2005:36). Two categories emerged from this theme, namely, (1) Curriculum addressing learning needs and (2) Curriculum addressing community needs. Category one has three (3) subcategories while category two has two. Table 3.7 displays theme 5, categories and sub – categories.

Table 3.7 Perceived curriculum appropriateness

Theme	Category	Sub-categories
Perceived Curriculum Appropriateness	1. Curriculum addressing learning needs	• Relevant and accurate curriculum • Perceived negative theory practice • Students' readiness to serve
	2. Curriculum addressing community needs	• Students used as a work force • Risk to patient safety

Category 1: Curriculum addressing learning needs

A relevant curriculum is one that is built on the actual reality in which the graduate will practice (Gwele & Uys, 2005:61). According to the authors, the real social, economic, occupational, judicial, political and geographic reality should have been explored during the situation analysis. These realities should now inform the decisions about curriculum content. O'Connor and Carr (2011:379) argued that careful investment in the needs of the students in the present will reap rewards to the users of healthcare services in the future. This category is divided into three sub – categories, namely, 1) Relevant and accurate curriculum, 2) Perceived negative theory practice gap and 3) Readiness to serve.

Sub – category 1: Relevant and accurate curriculum

Theoretical information is deemed relevant if it addresses the prevalent conditions that exist in the practical realm. Endacott et al, (2010 :2729) recommended that curriculum should focus on enabling students to piece information together and thus make good clinical decisions. In this study, the students verbalised a seamlessly interwoven link between theoretical content and clinical cases they were exposed to. Students stated that the theoretical content that they received from the class was congruent with what they saw in the clinical areas. This is confirmed by the following citations:

The following quote was verbalised by participant 6:

> *"It is always relevant. There is nothing that we have been doing which is irrelevant since, since level one up to now. I did not see something that no, this, why did I do this. No, it is not irrelevant".*

Participant 3 said:

> *"Uhm, I find it relevant and accurate and also reliable (stressing). Most of the things that we do during theory, eh ,we need them when we go to the clinical practice, in terms of nursing care, management how to utilise other equipment, how to take blood pressure for instance. So it is what it's supposed to be like, the way it is in the text books and how the tutors would demonstrate some of the things. So I would say it is reliable, yah, and relevant".*

One participant said:

> *"Eh, eh, like I said, maybe if I can, maybe give an example. In second year we were doing General Nursing Science, so (coughing), like when we do conditions, you get a clear picture of what is going on, maybe what's wrong with that person, like maybe if somebody is suffering from anaemia .When we do anaemia, we do different types of anaemia, and then when you see them at the clinical setting, it still ya...You get taught and you a learn a lot. "*

The results are in line with studies by Gamage et al., (2008:191) and Gardner et al., (2007:101) where the students rated content relevancy as an essential component of quality teaching and learning. Similarly, the students asserted that the content of the courses they are taught has

prepared them for the employment environment, in line with the findings of Butt and Rehman (2010:5446).

Sub – category 2: Perceived theory practice gap

The students in this study verbalised an existing theory practice gap. Scully (2010:96) confirmed that the theory practice gap exists and is a reality in many professions, including nursing. They attributed the gap to knowledge deficit and inadequate resources. Such a gap can bring confusion to a student and possibly render him / her incompetent. Uys and Gwele (2005:36) reported that absence of resources could result in poor quality hence situational analysis is imperative in order to promote the quality of nursing education. Accordingly Butt and Rehman (2010:5446) recommended that courses should be designed to meet the contemporary challenges and needs of the market. The following extracts reflect the student's opinions regarding existing gap:

The following quotation was verbalised by participant 1:

> *"When we were doing Midwifery Labour, the lecturer said to us that you do not support the perineum when the baby is coming out, neh, because you might hinder the natural rotation that is happening within. Now when you are getting to the facility, the sisters are saying something else, they are saying, no, support, because now if you do not support the perineum is going to be torn. So you become in the middle, to say what should I do, do I do what the lecturers taught me to do, or do I do what the nurse is here to witness when I am assisting to deliver someone else".*

Participant 6, a female matriculant, aged 24 years from campus B commented:

> *"Check this thing for an example neh, the delayed cord clamping (DCC) neh .DCC is a new, it's not a new phenomenon, but it has now been given eh, a green button to know, like it should be practised. It's not in our books, it's not in Miles, it's not in Miles, and it's not even in the maternal guidelines. So what's gonna happen to the learners that are studying at this college that are going to follow the maternity guidelines? They don't have access to internet that would show them, that now DCC is being practiced, as a midwife you should be doing it. So you go to Klerksdorp hospitals, most of the midwives are from here and they do not practice DCC".*

The study findings are in harmony with Botma (2014:1) who assert that theory- practice gap yields to negative patient outcomes as students become unsure or unable to implement theoretical knowledge gained in the classrooms at the practical sites because of the existing disparities.

Sub – category 3: Readiness to serve as professional nurses

Quality service can be optimally realised only if nursing students receive quality theoretical and clinical exposure. In the light of the above, government and learning institutions should pay special attention to raise the learning environment by recruiting quality staff (Butt & Rehman, 2010:5446).The participants in this study expressed a high level of readiness to serve despite all challenges verbalised. This can be shown by confidence and readiness to serve by qualifying students. Most of them felt ready and were eagerly looking up to that moment as confirmed by the following extracts:

Participant 1 shared his feelings:

> *"Ya (yes) from the experience that we get when , when we go there , now that we are doing now , we are also , like I am , nna (I) like to say , I am a professional nurse (emphatic), I can deliver babies , I can , I can immunise, I can do a lot of things that the professional nurses can do. So I am ready (a feeling of confidence displayed and heard in the voice tone). Nna I am ready (bursts out into laughter).I can even go the services tomorrow (laughs again, researcher joins in the hearty laughter)".*

Participant 6 verbalised her opinion in this manner:

> *"I am very much ready to go out of the college, and I think with all that has been happening here at school, with that time pressure, with every activity that has been happening, with the going to the practicals, ooh (smiling) we are so much confident ...my reasoning capacity has grown, has grown very much, to a better level, I am very much ready".*

The following excerpt came from participant 3:

> *'For myself, what I have learnt in this college, I want to go out there and be an agent of change... So I would say for myself I am ready and I am willing to learn everything, because I cannot just go to the facility and know everything, but I am confident because I have been practicing from first year up until now"*

The findings of this research were in line with Cowin and Hengstberger (2006:61) who stated that the clinical environment expected high level of work readiness from its new nurse appointees.

Category 2: Curriculum addresses community needs

Curriculum must address community needs so that it can be viewed as appropriate. Notwithstanding to the expectation, students have raised the concern that they are used as the workforce and in the process risk to patient and public safety are increased. Current nurse shortages, including nurse academia shortage are at the centre of the problem. Glasper (2013:58) argued that nurses and their professional organisations needed to restore public confidence in the profession. From this category, two sub-categories emerged; namely, 1) Students used as working force, and 2) Risk to patient safety.

Sub category 1: Students used as workforce

Students in this study expressed a concern that they are viewed as a workforce and denied the opportunities to learn. Andrews, Brodie, Andrews, Hillan, Thomas, Wong and Rixon (2006:865) as well as Waldock (2010:14) argued that ward managers who oversee the ward staffing hold the power to influence staff attitudes towards students, not to view them as an extra pair of hands. Similarly, Butt and Ur Rehman (2010:5440) and D'Souza (2015: 837) recommended that healthy communication should be established between students, teachers and clinical nurses in order to promote quality. All participants expressed dissatisfaction with their clinical learning experiences in that they were used as the working force because of inadequate numbers of clinical staff. They stated that their learning opportunities were reduced as a result of being substituting permanent staff.

Participant 3 A shared her feelings thus:

> *"Yes, we become the working force .We would be delegated to be in a consulting room, 2 student nurses alone, and when we experience challenges, maybe the patient has this and that, that we do not know, and we do not know what to do, we will have to go, to consult in room 1 or 2, to the professional nurse that is on duty and present the patient"*

Participant 5 verbalised his opinion in this manner:

> *"When we get to our wards, mostly, we are not treated as students, we are there to work."*

Another participant said:

> *"When we are in the wards, we are at the mercy of the sister in charge and they are more interested in seeing the work of the day being done".*

Participant 3, female matriculant, 28 years from campus A expressed her feelings thus:

> *"I will make an example with Psychiatric Nursing Science. We would be delegated to go and work at this clinic or health centre, let me say. And we would find that there is a challenge. Nurses have resigned, some are sick, some are on leave. So eh, we come. We have to do a profile like home visits, to go and see our psychiatric patients, where they live and what is happening with them. But then , in turn , the whole period of placement will actually end up without you going out , to do what you are supposed to do, because now we find that maternity has only one sister, emergency , there is not even one single person to work there. So when we get there the manager will say: "Please guys, can you be able to assist us, at least 2 can go and assist maternity, 2 can go there and you 2 can go there". We do explain to them we are here for one, two and three, but then again we also say we are nurses, we are here to assist".*

The following quote came from participant 5:

> *"Once you enter the institution, to them it's a plus to their hands. Sometimes they do not give you enough time to learn. You become a worker at the end of the day and as a student you have got objectives that you must fulfil there at the institution...As much as I want to learn, here you make me more of an employer than a student".*

The results are congruent with South African studies by Mkhize (2006:263) and Rikhotso et al. (2014:2) wherein the students reported that they were used as workforce to address the under staffed clinical areas.

Sub category 2: Risk to patient safety

The study findings suggested that students felt uncomfortable in activities where they did not receive direct supervision from professional nurses, thus increasing the potential of risks. Michalec, Diefenbeck and Mahoney (2013:319) reported that students felt safer when working in clinical areas where their student status is well defined and acknowledged. Notwithstanding , Mkhize (2006:263) reported that at times clinical staff would even assign students work well beyond their level of training, thus exposing students as well as patients to medico legal

hazards. Accordingly, Hathorn, et al. (2009:229) argued about an existing need to assess the knowledge of nurses pertaining legal liability issues when working with student. The quotes below reflect the perceptions of the students.

Participant 6 shared her thoughts:

> *" Also with the scope of practice, they will be seeing you are a student, but there will be that thing to say because you are doing comprehensive course, then you are able to do all those things whereas you need that direct supervision".*

Participant shared her feelings:

> *"I have this patient; problem is one, two, and three. And the sister would actually say: "Ok, Give this one, two, and three and do this and that". Then you go back to the consulting room and you'd actually do everything, write the report, do whatever that we have been told, and at times they would not even sign, countersign for the work that we would have done for the day. And again it exposes us to other things, legal implications of this and that".*

One participant reported:

> *"It affects us because now , that quality that we are talking about , it is being compromised, because now we cannot do what we were taught in theory, we keep on improvising , we do things that we are not supposed to , because of , we missed something during induction , and because at the clinical facilities they are more concerned with doing all sorts of skills at a short period of time, not doing it according the way the eh , procedural book would be saying you should perform that , a procedure".*

These findings were in line with results of the studies by Mkhize (2006:263), Andrews et al. (2006:865) as well as Rikhotso et al. (2014: 3) which concluded that the clinical staff overlooked students' learning needs, putting public safety at risk. Furthermore, the study findings echoed the recommendations of Glasper (2013: 58) who emphasised the importance of putting the experiences of patients and the public at heart.

3.3 Conclusions

This chapter reflected the findings of the research that is, exploring the quality of nursing education at a college in the North West. These findings were enriched with direct quotations from the transcripts as verbalized by the fourth year student nurses through semi structured individual interviews. In the next chapter, the researcher discusses the conclusions embracing the quality of nursing education at a college in the North West.

CHAPTER 4

CONCLUSIONS, RECOMMENDATIONS AND LIMITATIONS

4.1 Introduction

Chapter three discussed the research findings with relevant quotations cited from individual interviews conducted. Furthermore, literature control was done to validate the findings against existing literature. This chapter will discuss the conclusions of the research study and its limitations. It will further address the second objective of this study, which is, to make recommendations that can be used to promote the QNE at the college in the North West Province.

4.2 Summary of the study

- **Purpose of the study**

The purpose of this explorative descriptive and contextual study was to explore and describe the quality of nursing education at a college in the NWP by listening to the voices of the students. The researcher successfully heard the voices of thirteen final year students and explored their perceptions on quality at the nursing college.

- **Data collection method**

A descriptive, explorative, contextual design was followed and thirteen participants were individually interviewed to investigate the phenomenon of interest. The instrument tool was designed guided by the five constructs of the SERVQUAL Model and the questions were refined after the tool was tested.

4.3 Conclusions on the study findings

After exploring the quality of nursing education at a college in the North West by listening to the voices of final year students, conclusions were made informed by the unique study findings and literature control. Conclusions were made in line with five major themes identified. The themes were informed by the SERVQUAL model and rich narratives from the interviews. The conclusions are discussed below. These conclusions provide a better understanding on how the students perceived the quality of nursing education.

4.3.1 Conclusions on the quality of nursing education

Despite some positive experiences reported by students, a conclusion is drawn that a quality gap exists both at the clinical areas and in the classrooms. Clinical congestion at the clinical areas decrease students learning opportunities, and it becomes a challenge for students to satisfy the SANC programme requirements. The challenge is further exacerbated by lack of mentoring both by the educators and the professional nurses. Some ward managers view students as an extra pair of hands, use them to cover existing shortages and in the process ignore their learning outcomes. Educators as well fail to communicate learning outcomes to the wards and student work allocation is not done accordingly. Intensive collaboration between the nursing practice and nursing education disciplines is crucial. These aspects are hindrances in the provision of quality nursing education.

Pertaining to theoretical teaching and learning, a conclusion is drawn that swelled student numbers, as indicated by huge class sizes of more than 150 students at a time, affects quality negatively. Lecturers do not know their students and important classroom interactions are affected. Performance feedback is minimal, thus closing a potential for both lecturers and students to improve. Transformational teaching strategies which should be learner centred are improperly introduced. A fact indicated by a quote that student – teacher ratio work is 75%:25% which is often facilitated unsupervised. The need for regular curriculum updating was voiced by massive content loads to be delivered in short space of time. These findings did not measure to the SERVQUAL construct of responsiveness and reliability, a quality gap which needs to be addressed.

4.3.2 Conclusions on motivation from staff

Emerging from the study findings, a conclusion is drawn that the attitudes and behaviours of professional nurses and lecturers makes a profound impact on the students learning. Students were highly motivated by knowledgeable lecturers and professional nurses who portrayed a good work ethic. Such virtuous lecturers and professional nurses have incited the students to pull on despite academic and social challenges they endured during their four year stay at the college. Some students felt so highly motivated that they shared an inner desire to join nursing education discipline, or to do speciality courses and become agents of change in the practice, emulating best practices observed from their mentors both at the clinical areas and at the class setting.

On the contrary, students cited that demeaning behaviours from the academic staff and professional nurses demotivated them. They attributed negative lecturer attitudes to burn out syndrome due to high workloads and poor personal traits. The underlying message for both theoretical and clinical instructors was that satisfaction is derived from caring attitude displayed. Thus the college was still lacking on empathy construct.

4.3.3 Conclusions on resources

With one voice, all students agreed that resources should be given priority in order to offer quality nursing education. At both campuses, student's voices insinuated that the resources were a dire emergency issue. Pertaining to human resources the students reported the situation to be dire, nursing academia at the brink of extinction. A lot of the already compromised academic staff are already in pensionable age or will be reaching it in less than 3 years' time. This gross shortage was further exacerbated by progressive exodus of few younger ones. Nursing education has to increase the hiring pool of younger generation. Hence nursing education /nursing practice partnerships are imperative.

The college was further reported to be grossly lacking on the use of IT and absence of Wi-Fi connection. The situation is desperate, as indicated by these quotes:

Resources were a real challenge and compromised the quality of education at the college in the North West. The SERVQUAL construct on tangibles purport that unavailability of resources renders the service meaningless, in this regard nursing education is viewed as extremely poor. Poor.

4.3.4 Conclusions on interactions between students and lecturers

Arising from the study and literature control of this study and literature control, a conclusion is made that medium of instruction was a challenge for some students. Hence they request for academic literacy classes over and above the nursing subjects in order to maximise their tutorial understanding, hence the overall quality of nursing education at the college. Following class assessments, students raised a concern that the performance feedback was almost always delayed and at times reduced to less than what it should actually be. As a result they did not fully benefit from a meaningful feedback session, an important component of quality education in higher education. A gap was found to be existing on fulfilment of social needs.

As future professionals who are expected to show a caring attitude towards their patients, they expected such a service too by provision of healthcare services and on campus residence by the college to all students. They believed fulfilment of these other needs would help them to distress and become better recipients of nursing education. The SERVQUAL constructs of accessibility, responsiveness and empathy were found to be unfulfilled.

4.3.5 Conclusions on curriculum appropriateness

The findings on these theme led to the conclusion that curriculum was appropriate, despite its massiveness. Generally felt that the content of their programme was very relevant and addressing prevailing health care challenges. There was a seamless synergy between theoretical information with clinical realities, preparing the students for work place realities. However, there was a measure of theory practice gap identified, which was brought about by nursing education and nursing practice working independently of each other. Despite all challenges experienced, with one voice all participants echoed a readiness to serve their communities. This was attributed to the sterling work and support of dedicated staff from both the clinical areas and the college. These findings were in line with the SERVQUAL model constructs of reliability and responsiveness. If services are reliable and responding to the customer's needs, satisfaction level becomes high. The implication derived from the study findings is that priority should be given to resources and a lot of other challenges will be addressed.

4.4 Recommendations for nursing education, nursing practice and nursing research

Irrespective of the challenges, the researcher was able to successfully explore the quality of nursing education at a college in the North West by listening to the voices of the participants and the recommendations were made.

4.4.1 Recommendations for nursing education

The nursing colleges in the North West aspire to produce competent, reflective nurse practitioners in the interest of the health of the general population. The mission of the college aspires to provide quality education, in line with the aim of SANC, whose aim is geared towards the preparation and production of competent, capable and accountable nurse practitioners (SANC Nursing Act, Act no.33 of 2005). In order to achieve the above cited quality aspirations, the following must be done:

- College and the department of health must intensely recruit and intensify retention strategy on young academic generation by identifying the potential pool from their current students and empowering them by providing study leaves.
- The department of health should invest intensely on academic staff by offering competitive salaries and improve working conditions by employing the service of professional trade unions.
- College management and provincial department of health must ensure that lecturers attend workshops to be in par with latest trends in practice to avoid theory practice gap by collaboration with the services.
- College management should strengthen coaching and mentoring of junior lecturers through formal orientation programs and peer coaching.
- Student centred teaching strategies to be implemented by lecturers, however, lecturers not to abdicate from their facilitation role and management should give support by providing resources, workshops and collaborate with the affiliating university.
- Management should introduce academic literacy skills in the curriculum to improve the language of instruction and collaborate with university for assistance.
- Lecturers to promote use of IT in class, class time tables to be accommodative of computer literacy skills.
- Management and lecturers should continuously engage in curriculum update, removing repeating information across all levels in order to reduce content size, and add national and provincial imperatives.
- The department of health and management of the college through funds allocation and donor requests should revitalise physical structures to enable effective teaching and learning.
- College management, lecturers and clinical staff and managers should liaise closely to facilitate meaningful clinical teaching and learning for students.
- College management and department of health must hire fulltime preceptors at the clinical areas to attend students' needs at arm s length.
- More visibility of lecturers at clinical areas to ease frustrations both for the students and clinical staff.
- Lecturers should ensure that clinical learning outcomes are availed prior placement to clinical staff.

- College management and lecturers collaborate with clinical staff and other placing institutions to avoid congestion in clinical areas.
- College management should include clinical staff to be involved in curriculum development and those qualifying to be invited to make presentations on relevant content in class.

4.4.2 Recommendations for nursing practice

The current student clinical learning experiences would impact profoundly on future associations with professional identity and their stay in the specific clinical institutions. Therefore, positive practice environment should be ensured in order to promote quality, meaningful learning opportunities for students. To realise that, the following must be done:

- Provincial department of health together with clinical managers should provide adequate resources (human and equipment) to avoid a further burden on clinical staff on duty and to enable correct skill acquisition by professional nurses.
- Clinical managers must empower clinical staff by appropriate workshops and provision of study leaves so that they can execute nursing skills with confidence.
- Clinical staff at the institutions must accept nursing students as part of the team, however acknowledge their status as students and ward managers should take the lead in that.
- The college must involve clinical staff in students issues e.g. curriculum development, student placement and teaching and provide them with learning outcomes so that they carry their mentoring role diligently.
- The college must promote collegial and respectful communication between the students, college staff and clinical staff.

4.4.3 Recommendations for nursing research

Emerging from the study findings, it is imminent that robust research should be encouraged. The provincial department of health, clinical management and college management should offer bursaries and support to interested nurses. Issues that further need investigation are:

- Developing a model for academic staff retention at a nursing college in the North West
- Evaluating the quality of nursing practice of community serving nurses from the nursing college in the North West Province

- Evaluating the quality of nursing education : A comparative study between college final year students and university final year students
- Nursing education versus nursing practice collaboration: Impact on the quality of students
- A quantitative or a mixed method study on the same topic can be conducted, as data will be determined by numbers or both methods encompassed in one study.

4.5 Limitations of the study

The researcher acknowledges the following limitations to the study:

- The research excluded all other students in the undergraduate programme, only final year students were interviewed, and rich data could as well have been obtained from other junior colleagues.
- The findings of this research could only be applicable in the context of a nursing college during the time when data was collected as some developments that promoting quality were in process during data collection.
- At campus B the interviews were conducted in a library during school hours, and due to its proximity to classes, there was a lot of movement and noise which somehow disturbed the researcher and participants.
- As a result during the transcription process, the researcher had to replay the audio several times, because of noises, inaudibility of some participants and high speed at which some were talking.

4.6. Conclusion

The aim of this explorative, descriptive study was achieved, which was to explore the quality of nursing education at a college in the North West: student s voices. The exploration and description of the final year students regarding their views and expectations on the quality of nursing education offered serves as an eagle's lens to other stakeholders of nursing education as they work hard to achieve a mission of producing quality nurses.

The findings of this research emphasised on recruitment of qualifying, younger generation of nursing academics, investing on enabling infrastructures and use of transformational teaching strategies which support learner centred learning . All interviewees provided recommendations for nursing education, nursing practice and nursing research in order to improve the quality of nursing education at the college in the North West.

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ANNEXURE 1

NWU – MAFIKENG CAMPUS ETHICAL CLEARANCE

NORTH-WEST UNIVERSITY
YUNIBESITI YA BOKONE-BOPHIRIMA
NOORDWES-UNIVERSITEIT

Private Bag X6001, Potchefstroom
South Africa 2520

Tel: (018) 299-4900
Faks: (018) 299-4910
Web: http://www.nwu.ac.za

Institutional Research Ethics Regulatory Committee
Tel +27 18 299 4849
Email Ethics@nwu.ac.za

ETHICS APPROVAL CERTIFICATE OF PROJECT

Based on approval by the **Health Science Ethics Committee (FAST)**, the North-West University Institutional Research Ethics Regulatory Committee (NWU-IRERC) hereby approves your project as indicated below. This implies that the NWU-IRERC grants its permission that, provided the special conditions specified below are met and pending any other authorisation that may be necessary, the project may be initiated, using the ethics number below.

Project title: **Exploring the quality of nursing education at a college in the North West: Student's voices.**

Project Leader: **Dr MA Rakhudu**
Student: **Nthediseng**

Ethics number: N W U - 0 0 4 2 1 - 1 5 - A 9
(Institution – Project Number – Year – Status)

Status: S = Submission, R = Re-Submission; P = Provisional Authorisation; A = Authorisation

Approval date: 2015-07-01 **Expiry date: 2016-11-30** **Category** N/A

Special conditions of the approval (if any):

- All queries regarding this application received from the Health Sciences Ethics Committee (FAST) must be addressed and clarified.

General conditions:

While this ethics approval is subject to all declarations, undertakings and agreements incorporated and signed in the application form, please note the following:

- *The project leader (principle investigator) must report in the prescribed format to the NWU-IRERC:*
  - *annually (or as otherwise requested) on the progress of the project,*
  - *without any delay in case of any adverse event (or any matter that interrupts sound ethical principles) during the course of the project.*
- *The approval applies strictly to the protocol as stipulated in the application form. Would any changes to the protocol be deemed necessary during the course of the project, the project leader must apply for approval of these changes at the NWU-RERC. Would there be deviated from the project protocol without the necessary approval of such changes, the ethics approval is immediately and automatically forfeited.*
- *The date of approval indicates the first date that the project may be started. Would the project have to continue after the expiry date, a new application must be made to the NWU-IRERC and new approval received before or on the expiry date.*
- *In the interest of ethical responsibility the NWU-IRERC retains the right to:*
  - *request access to any information or data at any time during the course or after completion of the project;*
  - *withdraw or postpone approval if:*
    - *any unethical principles or practices of the project are revealed or suspected,*
    - *it becomes apparent that any relevant information was withheld from the NWU-IRERC or that information has been false or misrepresented,*
    - *the required annual report and reporting of adverse events was not done timely and accurately,*
    - *new institutional rules, national legislation or international conventions deem it necessary.*

The IRERC would like to remain at your service as scientist and researcher, and wishes you well with your project. Please do not hesitate to contact the IRERC for any further enquiries or requests for assistance.

Yours sincerely

Prof LA Du Plessis

Prof Linda du Plessis
Chair NWU Institutional Research Ethics Regulatory Committee (IRERC)

ANNEXURE 2

REQUEST LETTER TO CONDUCT RESEARCH TO DOH, NWP

22 Kgaka Street
Mosiane view
Mahikeng
2745
18th March 2016

Policy, Planning, Research Monitoring and Evaluation
Northwest Department of Health
Private Bag 2068
MMABATHO
2735

Sir/Madam

REQUEST FOR PERMISSION TO CONDUCT RESEARCH

I hereby apply to conduct a research study for my Master's degree in Nursing at the nursing colleges. I am a student at the North West University (Mafikeng Campus). I am also a nursing lecturer at Mmabatho College of Nursing .The topic of my study is:
Exploring the quality of nursing education at a college in the North West: Student's voices.

The targeted population for my study are finalist students in the undergraduate programme, i.e. Four year Diploma in Comprehensive Nursing. The participants will be expected to respond to semi structured individual interviews.

The dignity and privacy of the research participants will be respected and protected by upholding the rights and confidentiality, anonymity, informed consent and their right to withdraw from the study at any time. The study has been approved by the relevant committees at NWU (Mafikeng Campus). Copies of my proposal and the ethical clearance certificate are attached. My supervisor is Dr. M A Rakhudu who can be contacted at 0183892030

I am available to answer any questions you might have and can be contacted on 0722115157. My E-mail address is mmkhokheli@nwpg.gov.za
Thank you in anticipation.

Mkhokheli

Ntshediseng Prudence Mkhokhèli

ANNEXURE 3

PERMISSION LETTER FROM THE DOH, NWP

health
Department of Health
North West Province
REPUBLIC OF SOUTH AFRICA

380[illegible] First Street
New Office Park
MAHIKENG 2735

Eng. Tshiamo Mokate
Tel: 018 391 4504
[illegible]
www.nwhealth.gov.za

OLICY, PLANNING, RESEARCH, MONITORING AND EVALUATION

Name of researcher : **Ms. N.P. Mkhokheli**
North West University

Physical Address (Work/ Institution) 22 KGAKA STREET, MOSIANE VIEW, MAHIKENG
MMABATHO COLLEGE OF NURSING
Dr. ALBERT LUTHULI DRIVE, MMABATHO

Subject : **Research Approval Letter- Exploring the quality of Nursing Education at a college in the North West: Student's voices.**

This letter serves to inform the Researcher that permission to undertake the above mentioned study has been granted by the North West Department of Health. The Researcher is expected to arrange in advance with the chosen facilities, and issue this letter as proof that permission has been granted by the Provincial office.

This letter of permission should be signed and a copy returned to the department. By signing, the Researcher agrees, binds him/herself and undertakes to furnish the Department with an electronic copy of the final research report. Alternatively, the Researcher can also provide the Department with electronic summary highlighting recommendations that will assist the department in its planning to improve some of its services where possible. Through this the Researcher will not only contribute to the academic body of knowledge but also contributes towards the bettering of health care services and thus the overall health of citizens in the North West Province.

Kindest regards

Dr. F.R.M. Reichel
Director: PPRM&E

LEPAPHA LA BOITEKANELO
DEPARTMENT OF HEALTH
Kgetsana Poso /Private Bag X2068
Mmabatho 2735
20 APR 2016
NORTH WEST PROVINCE
REPUBLIC OF SOUTH AFRICA

19/04/2016
Date

NPMkhokheli
Researcher

26/04/2016
Date

Healthy Living for All

ANNEXURE 4

REQUEST LETTER TO CONDUCT RESEARCH AT CAMPUS A

22 Kgaka Street

Mosiane view

Mafikeng

2745

9th May 2016

The Acting Principal: Ms T V Batyi

Mmabatho College of Nursing

Private Bag X2178

Mmabatho

2735

Madam

REQUEST FOR PERMISSION TO CONDUCT RESEARCH

I hereby apply to conduct a research study for my Master's degree in nursing at your institution. I am a student at the North West University (Mafikeng Campus). I am also a nursing lecturer at Mmabatho College of Nursing .The topic of my study is: Exploring the quality of Nursing Education at a college in the North West: Student's voices .The target population for this project is the final year students in the undergraduate programme (R425).The participants will be expected to respond to semi- structured individual interviews.

The dignity and privacy of the research participants will be respected and protected by upholding the rights of confidentiality, anonymity, informed consent and their right to withdraw from the study at any time. All the records to be used in this study will not have any personal information (example names and addresses of participants) linked to it. The study has been approved by relevant committees at NWU (Mafikeng Campus).All the information you need is in the attached information letter. My supervisor is Dr M A Rakhudu who can be contacted at 018 - 3892030. Enclosed, please find a copy of the study proposal.

I am available to answer any questions you might have and can be contacted at 0722115157. My E – mail address is mmkhokheli@nwpg.gov.za

Thank you in anticipation

Ntshediseng Prudence Mkhokheli

ANNEXURE 5

PERMISSION LETTER TO CONDUCT RESEARCH AT CAMPUS A

health
Department of Health
North West Province
REPUBLIC OF SOUTH AFRICA

Mmabatho College of Nursing
Dr Albert Luthuli Drive
Mafikeng, 2745
Private Bag X2178
MMABATHO 2735

Tel: (018) 384 1123
Fax: (018) 3841257
BatyiT@nwpg.gov.za

MMABATHO COLLEGE OF NURSING

16 May 2015

To : Mrs. N.P.Mkhokheli
Mmabatho College of Nursing

From : Mrs. T.V.Batyi
Acting Campus Head

Subject : **Permission to conduct research**

This communiqué serves to inform you that your request to conduct research at the College has been granted.Feel free to interact with the target population and engage with them to achieve your goals.

Enjoy your research and make a positive impact in the quality of Nursing Education at the college.

Thank You in advance

Mrs. T.V.Batyi
Acting Campus Head

ANNEXURE 6

REQUEST LETTER TO CONDUCT RESEARCH AT CAMPUS B

22 Kgaka Street

Mosiane view

Mafikeng

2745

9th May 2016

The Acting Principal: Ms N Sedumedi

Excelsius Nursing College

Private Bag A 19

Klerksdorp

2570

Madam

REQUEST FOR PERMISSION TO CONDUCT RESEARCH

I hereby apply to conduct a research study for my Master's degree in nursing at your institution. I am a student at the North West University (Mafikeng Campus). I am also a nursing lecturer at Mmabatho College of Nursing .The topic of my study is: Exploring the quality of Nursing Education at a college in the North West: Student's voices .The target population for this project is the final year students in the undergraduate programme (R425).The participants will be expected to respond to semi- structured individual interviews.

The dignity and privacy of the research participants will be respected and protected by upholding the rights of confidentiality, anonymity, informed consent and their right to withdraw from the study at any time. All the records to be used in this study will not have any personal information (example names and addresses of participants) linked to it. The study has been approved by relevant committees at NWU (Mafikeng Campus).All the information you need is in the attached information letter. My supervisor is Dr M A Rakhudu who can be contacted at 018 - 3892030.Enclosed , please receive a copy of the study proposal.

I am available to answer any questions you might have and can be contacted at 0722115157. My E – mail address is mmkhokheli@nwpg.gov.za

Thank you in anticipation

Mkhokheli

Ntshediseng Prudence Mkhokheli

ANNEXURE 7

PERMISSION LETTER TO CONDUCT RESEARCH AT CAMPUS B

health
Department of Health
North West Province
REPUBLIC OF SOUTH AFRICA

Tel: (018) 405 8800
Tel: (018) 405 8828
Fax: (018) 464 1428
tchloane@nwpg.gov.za

North West Province
Private Bag A19
Klerksdorp, 2570

EXCELSIUS NURSING COLLEGE

VISION To facilitate physical, psychological, social and spiritual wholeness for all people of the North West Province Through the provision of innovative nursing education and training

MISSION The college will strive towards preparing a nursing student through innovative dynamic nursing education and training in order to become a reflective, critical analytical thinker and a professional leader in striving towards wholeness

To: Ms NP Mkhokheli
MCur. Student

From: Mrs N Sedumedi
Acting Campus Head

Date: 5 August 2016

Subject: Permission to conduct research at the college

Background: Your request of 9 May 2016 to conduct research at the college was discussed. The topic of your study, which is: exploring the quality of Nursing Education at a college in the North West: student's voices, will be beneficial to improve the quality of Nursing Education at the college - therefore your request is approved.

Notice: The data collection method explained in your proposal stipulates that interviews must be conducted with 4th level D4 students as the participants. The particular students are currently on block at the college until 19 August 2016.
Mr A Tladi the HOD of 4th year, suggested that you make arrangements through him to meet the students during next week 8-12 August 2016. The necessary plans can then be made with the students regarding the dates and times for interviews.

Compiled by: _____ Approved by: _____

Mrs CF Pretorius (HOD Post Basic Programmes)

Mrs N Sedumedi (Acting Campus Head)

ANNEXURE 8

INFORMATION SHEET AND CONSENT FORM

INFORMATION SHEET

Faculty of Agriculture Science and Technology

North West University (Mafikeng Campus)

TOPIC: Exploring the quality of nursing education at a college in the North West: Student's voices.

Introduction: I Ntshediseng Prudence Mkhokheli am a lecturer at Mmabatho College of Nursing. I am also a student at NWU (Mafikeng Campus), doing a Master's degree in nursing. I am conducting a research on the quality of nursing education at a college in the North West.

Purpose: The overall purpose of the study is to explore and describe the perceptions of the students regarding the quality of nursing education offered at a nursing college in the NWP.

The participants will be required to fill in a consent form after reading and understanding this information leaflet. The dignity and privacy of the research participants will be respected and protected by upholding the rights and confidentiality, anonymity, informed consent and their right to withdraw from the study. To ensure that the researcher has a complete record of everything you say, the conversation will be tape recorded. Only the researcher and her supervisors will have access to the tape and no one will be able to identify you.

Invitation to participate in the research project

I would like to invite you to take part in this research study. Before you can decide on participating, you need to understand why the research is being conducted and what it would involve for you. Please take time to read the following information carefully. You are at liberty to ask questions if anything you read is not clear or you would like more information. Take time to decide whether or not to take part.

Procedure: The study will include answering questions in an interview session with the final year students. The participants will be required to fill in a consent form after reading and

understanding this information leaflet. The dignity and privacy of the research participants will be respected and protected by upholding the rights and confidentiality, anonymity, informed consent and their right to withdraw from the study. To ensure that the researcher has a complete record of everything you say, the conversation will be tape recorded. Only the researcher and her supervisors will have access to the tape and no one will be able to identify you.

Why have you been invited?

This study seeks to explore the perceptions of students on the quality of nursing education at a college in the North West, hence you have been chosen because you are a registered student at the nursing college in the North West in the undergraduate programme (R425). However, only final year students have been included because they have undergone the maximum period of training. As a result, the researcher believes that final year students are at a better position to give rich information about quality of education as compared to their junior colleagues.

The approach of this study is an explorative, descriptive, qualitative study. Individual interviews will be employed in order to explore participant's feelings and views. The interview session can averagely take about 45 minutes. The total number of participants will be determined by data saturation.

Right to withdraw: Your participation in this study is voluntary. If at any time you do not want to respond to any question, you may skip it. You have the right to withdraw from the study at any time.

Benefits and Risks

There are no known risks for your involvement in this study

Cost, Reimbursement and Compensation

Your participation in this study is voluntary. You will therefore not receive any monetary payment for participation.

Confidentiality/Anonymity

The data we collect do not contain any personal information about you .No one will link the data you provided to the identifying information you supplied (e.g., name, address, email).

When your role with this project is complete, your data will be anonymised. From that time, there will be no record that links the data collected from you with any personal data from which you could be identified (e.g., your name, address, email, etc.). Up until the point at which your data have been anonymised, you can decide not to consent to having your data included in further analyses. Once anonymised, these data may be made available to researchers via accessible data repositories and possibly used for novel purposes.

Contact numbers: The study has received approval from Ethics Committee of the North West University, ethics number: NWU – 00421 -15- A9. In case of any questions and clarity I can be contacted at 0722115157, E – mail address: nmkhokheli@nwpg.gov.za or you can contact my supervisor Dr. M A Rakhudu at 018 – 389 2530 or on E mail address: hunadi.rakhudu@nwu.ac.za

We will require your approval to participate in this study by writing your name and signing in the provided space in the consent form. If you do not wish to participate thank you for your time.

Agreement

This agreement states that you have received and read a copy of this informed consent. Your signature below indicates that you agree to participate in this study.

Signature of Participant: _____ Date: _____

Signature of Researcher: _____ Date: _____

ANNEXURE 9

INTERVIEW GUIDE

I. Introduction and project explanation

• Review and answer questions about the consent form

• Emphasize the voluntary nature of the project

• Explain the justification for voice recording, ensure participant agrees

• Ask participant how they want to receive a copy of the interview summary (mail, email, etc.) and get mailing/email address.

II. Gather descriptive information

• Name (if participant agrees to be identified)

•Age and gender of the participant

•Institution where the participant is studying

• Student Classification

III. Opinions/ perceptions of the student on the quality of nursing education

• Ask participants how they perceive the quality of nursing education to be like at their college

• Ask participants to share their perceptions and opinions regarding accuracy and relevancy of the curriculum

• Ask participants to share their perceptions about the resources at the college

• Ask participants to share their perceptions on individualised care provided to them and the accessibility of educators

•Ask the participants to what an extent are their needs as a student being met?

• Ask participants to share their readiness and confidence level on exit from the programme

• Ask participants to recommend ways in which to embrace the quality of nursing education

IV Provide Time for Participants' Questions

• Ask participants if they have any questions for the researcher

• Ask participants if they would like to be notified when project is completed

IV Conclusion

- Request the participant about possibility of further meetings for clarity if need arises.
- Thank the participant

ANNEXURE 10

TRANSCRIPT FROM CAMPUS A

Campus A **Participant:** 2

Date: 29th July 2016 **Day:** Friday

Time: 14 H 35 **Gender:** Female

Age: 39 years **Student classification:** Matriculant

Researcher: Good afternoon mam

Participant: Good afternoon

Researcher: My name is Ntshediseng Mkhokheli. I am a Masters student at – Mafikeng Campus - North West University. My topic under study is: Exploring the quality of nursing education at a college in the North West: Students' voices. In the past I actually requested you to become a participant in the study, and you are not coerced in any way to take part. I do not know if you still want us to continue.

Participant: Yes, we can continue

Researcher: Thank you very much. If at any time you feel uncomfortable and you do not want to continue, you are at liberty to do so mam.

Participant: Ok. I understand

Researcher: So can we start?

Participant: Yes mam, we can

Researcher: What are your perceptions about the quality of nursing education at the college?

Participant: Hmm… I would say…uhm… the quality is very poor. But I'm not, I'm ,I don't know if I am doing justice when I say poor. It's not that poor because content wise, yes it is fine. But I believe our college is lacking in uhm, a number of things. Like for instance, it seems like their interest is only in giving us theoretical knowledge .They are lacking in terms of practica, uhm, in a way that uhm, we are being sent to practical situation like we are being sent to clinics and hospitals yet when we get there, we are just being treated as staff members and no training takes place as such. It's just kind of observation and you cannot really learn by observing, you have to be trained and well trained actually.

Researcher: Thank you. Exactly, what is it that you expect as a student being at the practical site?

Participant: We expect to be given a practical experience of what we have learnt theoretically. Like for instance, uhm, in terms of General Nursing Science, if we learn about diseases and how to manage them, we should go out there and be able to interact with patients that have got those diseases hands on and uhm practice what we have learnt in the classroom basically, not just being sent around by professional nurses and doctors and not learning anything or people just ignoring our learning outcomes when we are at the practical site.

Researcher: Thank you. Now you say, people at the practical site are ignoring your learning programmes. Do they have you're your learning programmes there, and if they ignore, what is it that they do and what do you do?

Participant: Ok Mam, when we are sent there, the first thing that they are given is our learning outcomes. They get given to uhm the matron or cluster manager of the wards we are going, but I don't even think that they read them. It just gets placed there on the notice board. When we are in the wards, we are at the mercy of the sister in charge and they are more interested in seeing the work of the day being done. Not caring as to whether we are meeting the learning objectives. Like they have never … I don't even think that the people who are supposed to interview us, I mean to supervise us, the immediate supervisors, which are the sister in charge, I don't think they even get to see the learning outcomes .Cos when we are there, they just don't even know what level you are in., what you are supposed to be learning, everybody gets treated the same way. You are student, you will do the urinalysis, you will be sent to the lab, and you will do this and that (agitated and throwing hands). They don't really care (shaking head).

Researcher: Thank you. Does that suggest that clinical teaching does not continue when you are at the practical areas?

Participant: Not at all. Sometimes, yes. Like uh, but I would say, like 10% of the time you may find that somebody out there cares, on the particular day and they show you something or teaches you something, but most of the time, they don't care. They are just interested in the fact that there is shortage of staff and when you are there, at least something, I mean the work will be done.

Researcher: Then finally, when you live the hospital or after your period of placement, how do you feel as a student? Do you feel that you have actually learn, what's your perception finally about your exposure at the clinical areas?

Participant: (Low tone) I don't know about other students, but myself, personally I come back demoralised and demotivated , and I feel the gap actually .I would learn in the classroom about things and I will be so excited that I am going out there to experience them and I will come back not having

experienced anything that I have learnt. And uhm, I don't know (silence). I found out that there is not even a platform for us to address the issues.

Researcher: Then, how is your perception about theoretical teaching?

Participant: Uhm, you know. For somebody that has experienced nursing for the first time in 2013, I think it is fine (emphatic and nodding head).the content, the theory, it's up to standard, or up to par, or how can I put it, it is just the clinical side that is lacking.

Researcher: Ok. Thank you very much. The next question then is: in your opinion then, how accurate, relevant and reliable do you find the programme content, how do you find its size and the delivery methods?

Participant: Ok. The content itself is very relevant .The size is too much, but I think there is no way around it. That's how it should be. However I have got a problem with the delivery. Especially the method that is adopted by our college, where you would be doing one module in 53 periods and at the end of the module you are supposed to write a test, which qualifies you for the exam. It's, uh, especially if it's the first time that you come across such content, 53 periods or 53hours is too little. I should think that they should adopt what the university is doing, where the teaching takes, I mean goes on for a period of six months and they only write exams at the end of six months. When they write the test is about one in three months. Give us enough time to process, to internalize what we have learnt before we are required to write a test. Cos eh, what is happening with us we are being forced to memorise, to cram (giggles), I can say. We all know that when you memorise you don't actually know what you are supposed to. As a student I would believe that you are supposed to be introduced to content, learn and be given time do your research. We don't understand the same way, like, for instance, myself, I am a broad learner. I will only understand something when I have broad knowledge of it, but the way everything is structured, they don't give you enough time to go out there and get more information, put it into my head, visualise it and understand it.

Researcher: Thank you. I hear you would love to have more time to go visualise, absorb and make more research. Where would you go to do that?

Participant: I will rely on outside resources since our college does not have resources at the moment. I will use my own data to go into the internet (change in voice tone – deepened), or get some books, consult – we have people that we know. Like for instance, if we were given enough time, we would go back there and we would speak to the doctors, speak to other nurses, and get more information before we could be tested on a particular subject.

Researcher: Thank you very much. In other words you are saying, like you are saying you are having a problem with the delivery methods, because you are finally being forced to cram. What delivery methods are being used in class, during this short 53 hour period?

Participant: Ok. It's a strategy called the Problem Based Learning, where the facilitator has to bring in 25%, and you as the student you are to bring 75%. Like they go there, introduce the concept, give the learning outcomes and require you to go and study from your prescribed textbooks which are also lacking. We have a problem with our prescribed text books. Especially with our midwifery , for instance, they have prescribed Silas book, that is being uhm, how do I say, which has been published by Juta and compared to the previous books that I have seen, that book has got nothing. And we required to sit in class from 07H30 in the morning till 16H00 and it's a large class. Like for instance there was a group that has 173 learners in one class and we all know that where there are many people, a crowd, there will be noise, and some of us require quietness when we learn, so the classroom itself is not conducive for learning. That 75% you are supposed to put it in during that time, like for instance, lecturing will go till one 0"clock, and in the afternoon you get study time, you get given assignments of which we use our own time like in the evenings and that's very difficult (frowning) especially if you live in the nurses home. Lack of resources (emphatic): the library closes at 6 0' clock, where are you going to go? And you have other levels, in the nurses home is where they leave, they play radios, they make noise. We have a problem in our college. Honestly (shaking head)

Researcher: Thank you. So, in other words, you are expected to absorb this content in the 53 hour period, and at the end you, eh, you sit down for a formative assessment?

Participant: Yes mam

Researcher: But you feel you are not ready?

Participant: Not at all. I don't know if any student can ever say that they are ever ready when they have to sit down for the formative test, because everything is so congested (frowns). I know the brain can absorb but not at that rate, it is just too soon, too quick.

Researcher: Ok .Thank you. Now coming to the formative tests, how do you get the feedback?

Participant: Uh (rolling eyes) .You get your script that is marked with some notes if you are lucky. Sometimes you find that lecturers will come and they will give feedback as how you performed, but sometimes when they come, I mean the scripts; you are already at the clinical settings because there is never free time at the college. If you are not in class you are at work, and there is no feedback. You just being told come and collect your script, and you are just handed over the script, there is no feedback at all. So I would say 70% of the time, there is no feedback as how you performed. You just see it in red pen.

Researcher: Then, how does that affect you? If you wrote a formative test for which you were not really ready, then it comes back, but then there is no interaction or feedback giving, just come and collect a script. How does it finally affect you?

Participant: You know, it does affect us in a way that, I cannot say high failure rate per se. You find that people are not the same. You find that students who have been struggling, they continue to struggle through the four years because maybe they needed that feedback and needed the consultation. Those that will thrive are the ones that have got… (Smiles) I mean they are clever if I have to say that. Those that are battling or struggling they just get lost forever. And uhm, you find if somebody did not do well in a test, and they have to go and sit for an exam whilst still lost, they are not going to perform come the exam time (low voice tone).

Researcher: Thank you very much. Coming to the next question: What are your perceptions and opinions about the resources at the college?

Participant: Uhm … (takes a deep breath) Resources … resources. That's where we have a big problem (very emphatic). Uhm, I will start with infrastructure. Uhm ,(then giggles).This college when it was first built, it was built for classes that had twenty or less learners at the time, right now, they did not only increase , but kind of quadrupled or more than that and nothing has changed. So, infrastructure wise we are lacking. We have a simulation room that is so out-dated. I even think only Florence Nightingale would understand what is happening there, because everything is the equipment that she used in her time. We get there, we get so frustrated. We have to practice pelvic assessment, the bones that we are using are broken, and we have to assume everything, and that is not how we should learn. And the library, uh, the books. The class, we have four classes, just on the main stream. I'm going to talk mainly about the mainstream, which is the D4.Each class has got more than 150 learners , but you find that the books , the supporting material is not more than 30, that means only 20% of the class can access the supporting material at a time. Really, if you go to the library and look for supporting material only 10% of you can get it at a time. That's very frustrating.

Then there is the staff, the human resources. This college is operating with less than half of what it should have. That puts lots of pressure on the poor lecturers. Either way, most of the time they are very frustrated. Even your best or diligent worker would burn under that strain. So we are faced on a daily basis with lecturers that are burnt out, demoralised and demotivated and just the , the , how do I put it, the environment itself is not conducive for learning interaction, because once somebody is exhausted or burnt out like that, whenever they see somebody knock at their door, they feel like hiding somewhere and you know, not that we can blame them. The administration side, there I cannot comment .We see that they are lacking. Like for instance, as I speak we are supposed to be starting work on Monday, they still have not paid our transport money. So I think our college is about to, eh, at the brink of collapsing. Really uhm… followed by a sarcastic giggle.

Researcher: Thank you. I hear you are talking about admin staff and your transport allowance, so you get the transport allowance?

Participant: Nods head

Researcher: For what?

Participant: For we are on the bursary system. So, uhm, we get given the transportation costs to go to the clinical area, and then they will pay us R200.00 a week, and it gets paid upfront for the semester. So we are awaiting since this is our second semester, we have just finished the theoretical block, we are supposed to go to the clinical services and you think that the money should be paid before you actually go there, but as I speak now, its Friday, Monday I am supposed to report on duty, we have not yet been paid (sarcastic giggle).

Researcher: So how does that affect your education?

Participant: It affects us badly, because most of the learners they come from disadvantaged background. They don't have money. So come Monday, they will not have money to report to work and SANC need 1000hrs from us. They cannot report to work because they were not given transportation money, and they are going to have shortage of hours, clinical hours.

Researcher: Does that mean they will be absent from clinical because they don't have the means of getting to work

Participant: Most of them, yes, they get absent because they don't have the means, not that they are being stubborn. They really, really need that transport money because people that are given the bursary are from disadvantaged backgrounds.

Researcher: Ok and then how does that affect their competency .The student clinical competency. The fact that they are supposed to be there at work and they are not at work because they don't have the means of getting there?

Participant: It does affect competency a lot, because obviously for you to learn something you have to be there, to be exposed. So they are going to be absent and when they come back, they will have this thing that I owe hours. So they are not going to be free and work the way they should. So there is always running behind, catching up.

Researcher: Thank you. Ok, going back again to that statement where you talking about 1000 hours required by SANC. Now, say for 2days or for a number of days the student does not have transportation. How will it affect those hours, how do you finally ensure that you meet the SANC requirements?

Participant: Ok, the responsible student will work extra hours. We normally work 8hours a day, and obviously if you know that you did not go to work for a day or two, you are short of 8 or 16 hours, and then you will have to put in a 12hour shift, which actually do kill our students. Like I said earlier, remember I said that we do not have free time, if we are not in class , we are at the clinical setting and at the same time you have to study because we are still students and required to sit for exams and pass. So if you over exert yourself at work by putting on long hours and you come back and have to study , at the end you will have no time to rest and you are going to reach a stage where you are like a zombie now.

Researcher: Thank you. Now going back to the point where you were talking about infrastructure, you said that the buildings are small and the student numbers have actually quadrupled, how does that affect teaching and learning, being a lot of students in very small classes?

Participant: It does affect it, especially because now they are using the multipurpose hall as one of the classrooms. That building itself, I don't think, eh, when they built it, they had uhm, teaching activities in mind, because for instance, sound alone, there is a lot of echo. When the lecturer is teaching or somebody is speaking, you can't really hear each other. There is a lot of echo. You actually get there and sit for 4hours and you have headache, earache…You start to have physical symptoms of being in an environment like that, that is not conducive for learning. It is tough really (laughing). And also we have a lecture theatre. It was perfect, but now since it was not maintained for donkey years, it is so uncomfortable to sit there. Whenever I have to sit in there, then I have to consult. Maybe in three weeks my whole body will be aching with muscle cramps. Just sitting there, I have to consult. That's how uncomfortable our infrastructure is.

Researcher: Can you tell me more about that. About sitting in the lecture theatre and coming out sick and having to consult?

Participant: Firstly, if its winter, it is too cold and in summer you cannot breathe. Lightning itself, it gives you visual problems. And chairs, they are so broken. You will be listening and again being too careful so that you don't fall. Anything can break at any moment. You, you go there and you are scared of being electrocuted, because even the plugs are sometimes short-circuited. It's just chaos.

Researcher: Thank you. Now how does that affect your teaching and learning? Sitting there for the entire day in that kind of situation?

Participant: Like I said mam, you even get physical symptoms, where you literally get sick. And obviously, if you are not in your perfect health, then you will not concentrate. Also, I have talked about lighting, you are being showed the slide at the front, and you are battling to see because it is dark. You

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want to jot some notes, because now you are just listening, but you cannot even see in your notebook, or maybe you are sitting on the site that is too bright.

Researcher: Thank you. When you talked about a class where you are 173 and then the classroom is small, then how do you hear the facilitator?

Participant: Mam, we said you cannot even hear, and those sitting at the back start making noise. Even when you are at the front, looking at the facilitator, the noise that comes from the back is just too much, you cannot concentrate.

Researcher: What does that mean? What about the equipment that can be used to amplify sound?

Participant: Uhm (laughs) I have only seen the amplifier in the multipurpose hall, the one that I said has a lot of echo, and it has never worked, because you try to use it and it's like a thunderstorm (giggles). Really, nothing is working. The only place where we can clearly hear is the lecture theatre, but there is only one lecture theatre say for 4 classes.

Researcher: Thank you very much. Then you talked about the library and the books, and you said some of the books that you get have scanty information. Where do you really get, or how do you access your books?

Participant: Uhm, on the bursary system we get given the prescription, uh, I mean prescribed text books and that's another problem because sometimes they are late. You get the prescribed books after you are done with the module because of the back order or something has happened, they were not delivered in time, and there is also shortage. Sometimes you find that in the class 20 people did not get their prescribed books and they will never get them, because they were never just enough for everybody.

Researcher: Can you relate to that again? Do you mean at times you start a module and the books are not there, and within a week you have to write a formative assessment?

Participant: Yes, yes mam, that's what I mean.

Researcher: What happens, how does that affect students?

Participant: It does affect students because uhm (coughing) we really cannot share a book at all. We cannot share a book at all. And when you go to the library, that particular textbook they will have like 25 books and it was 40 students that did not get that book. So 40, and then 25 can get it from the library if they are lucky and that means 15 will still remain without. Sometimes you go to a class that is in front of you, like for instance we are a class of 2013, you go to a class of 2012 to borrow from them, and the challenge is now, after we are done with these books they leave at home. You need it now, somebody has it, but they have left it at home.

Researcher: Thank you very much. So this basically goes back to what you earlier said that at times student does cram.

Participant: Not at times, they cram all the time (laughing). I did not know how to cram, but I have learnt since I have been here (giggles).

Researcher: Thank you. How do you think that is going to affect you as a possible professional nurse, because you are now on the exit?

Participant: Actually, uhm, the effects are showing right now. I am a fourth year level student now , we were in a midwifery class and we were referred to the anatomy that we learnt in first year, and nobody knew what was happening. People could not even remember how genetics worked, and we were taught. And who can blame them? We passed and some of them got distinctions, but they could not remember.

Researcher: I hear. Like you were talking about simulation library, I mean simulation room, and you talked about broken equipment. What do you mean? Can you say more on that?

Participant: Like uhm, for instance, uhm, we use the dolls or the mannequins as they call them. Uhm, but ehe (giggles), you would be required to perform an insulin injection practica where you would go to somebody's thighs, whatever (throwing hands), and you are sitting on a doll that does not have legs. So where are you going to get the thighs? Ehm, you just say, you actually end up narrating instead of assuring your examiner of what you can do. You end up narrating, saying, then I will go to the thighs, and then I will do this. Really, that does not work. It may sound like a joke, but that's the reality of the situation we are faced with. I remember at a certain time, I was supposed to do a diabetic foot care and was given a mannequin that does not have feet, and you do not know really, you just assume there are feet, and you narrate.

Researcher: So most of the time its assumption?

Participant: Assumption (stressing) .I think we will become the best stage actresses. We are acting most of the time. We can't really show what we don't know.

Researcher: And how does that make you feel as a potential professional nurse?

Participant: Uhm. I have got so many feelings. Right now, I'm numb. I do not know how I feel, but among other things, I'm disappointed. I came here in high spirits, because nursing is a profession that I love. I am passionate about it. But sometimes you see things like these, they demotivate you to a stage where, uhm, you are past, uhm, I can't even say disappointed anymore. It's passed that. Really, I am numb right now.

Researcher: Thank you mam. Let's move over to the next question. In your perception, to what an extent is individualised student care provided, and how accessible are your educators?

Participant: Uhm, individualised student care is non-existent. You cannot as an educator, even if you are a superwoman or superman gives individualised care for eh, 173 students. I mean really … on the other hand you are a mother, you are a wife, and you still have your other social statuses to go back to. It's non – existent, that's what I will say, and you cannot blame them, I cannot even comment further on that.

Researcher: Thank you. Then, how accessible are your educators?

Participant: The only thing is they all give us their cell numbers to call them if we need them. But there is never time, there is never time. They all say they will be accessible if we need them, but the practical situation is that there is no time to even have that. But uh, in my life time, I only consulted once, and that particular lecturer was there. We called; we had a problem with the others repeating a module. We needed to see the lecturer because we were not attending a class, and she made time out of her busy schedule and avail herself. So somehow, yes, I would say it shows that they are willing to help but the situation does not allow for that.

Researcher: Thank you, so in other words, eh, although it looks impossible, but at times you have personally experienced a situation where the lecturer was available for you.

Participant: Yes

Researcher: Ok. How did that make you feel?

Participant: Uhm (pause and takes a deep breath) Special… really (followed by a hearty laughter) It was something you don't just experience around. I felt special, like, I felt, I was grateful towards the lecturer, because it helped me and, I passed (giggling throughout).

Researcher: Thank you, thank you. Just, eh, following on that, what you earlier said. Earlier when you were talking about human resources, you said lecturer numbers are very low right now. ..

Participant: Interjects – Yes

Researcher: Ok, then actually, a care or availability of lecturers can actually make you special (both smiling) Now looking at the numbers of the students versus the number of human resources, what is happening? How does that affect you?

Participant: It does affect us a lot, because again, like even though they say they will be there for you, you go to a particular lecturer's office, maybe they would help, but you find that they are also deep in something. For instance that lecturer would be teaching the class for that week for 53 periods, after that

she has 173 scripts to be marked and you find that immediately after that she is going to another class. So as a person, as a human being, you go there and feel like, do I really have to add on to her work load. And you know sometimes it's not like lecturers say, I cannot see you, but you think as a person, because most of the students are adults and we can think. Do I really, really, really need to add to her stress? So it does affect us. We find that most of the time we are thinking about them, and we are putting ourselves in their shoes and we do not want to cause them more stress.

Researcher: Thank you. Now can you tell me more about their knowledge base?

Participant: Uhm , fortunately , those that I have uhm , had a chance to consult or to clarify something with , I was satisfied with the kind of knowledge they have , but sometimes others don't have knowledge on a particular subject and , uhm , I don't know if I'm at liberty to say this, I find this happening a lot with the older generation, they become so defensive , really if they don't know something , hey you feel like saying, (sounding annoyed) medical science is an evolving thing ,go and research about it .They become so defensive that you feel so small you feel at fault that that , hey , somebody does not know , uhm ,you know (giggles).It switches you off, that you don't want to get back there.

Researcher: Thank you. I'm just thinking , because , eh , you said , you were speaking like , you don't have more time to go and absorb , and to make your own research , do you have technology , so that you can actually do that , if you had time to do that ?

Participant: Personally, speaking for myself, yes I do have a laptop. I can access the internet. But in our school, it's only until this year that we have a computer laboratory, which is not even operational yet. It's not open, yet to be used. There was never technology, and once you are in school, there was not even WIFI. I mean that, a basic thing any learning institution would have, we don't even have that, so you rely on your pocket to get access to data. And (pause) , sometimes we know that the cell phone network , and , uhm , the cell phone network is a problem. It would be better if we had the WIFI, and maybe the reception was good at our college. I find that most of the time when I'm studying , especially in our nurses home I can't even get a good , clear reception . So we have a problem. It's just not good for adult learning.

Researcher: Thank you. You earlier said about a situation where students would go through a module not having text books, now are you allowed to use technology in order to access information in class because there are no books offered to students?

Participant: I would say 80% of the lecturers would not even allow cell phones in class. Anyway , what we do , myself included, we do keep them because sometimes you are being introduced to a new subject, and you come across a word that is so difficult, if you do not understand or you do not get the meaning of the word, you are not going to be able to get what comes after that. So that's why I bring

my cell phone to class and have my data on , so that if I come across something , I quickly check., understand and will have a picture first , so that I can pass. But we are not allowed to bring our laptops in class; we are not allowed to use the cell phones.

Researcher: Then, what is your perception about the use of IT? The general student opinion about the use of IT?

Participant: Uh, we very much would like to use IT. That is why each and every one of us has got the android phones, the smart phones. And I think we are living in the times of IT. We cannot be ignorant when it comes to IT. It is there to relieve, to make our lives easier. So as students I would say we should be encouraged to use it. And also, when we go out there to our government facilities, like uh, the clinics, we see that there are data capturers that are being employed everywhere because the government wants to go electronics. So if they are going to prohibit us from using technology, then one day when the government has succeeded in everything being put electronically, uhm, how are we going to cope? Really, we should be groomed and prepared for the world as it is today.

Researcher: Thank you. I heard you mentioning, eh, computer laboratory being available, although it's not being used presently…

Participant: Yes?

Researcher: Is that what you said?

Participant: Yes, but I am sure it's going to open soon, because now the people who have donated it, that's MTN by the way, they are busy training people on the basics. Immediately after that they are going to open it.

Researcher: Ok. But how as students, how would you like it to be introduced, how would you love it to be used, the computer lab?

Participant: We would like it to be operational during uh, class hours. Ok during working hours, actually because we are never in class at the same time, and just like the library, it should be opened at the same time that the library is up. So that some people when they get to the library to get books, some may go to the computer laboratory to go and access information. And also , say you are on the Problem Based Learning programme , meaning most of the topics we present in class ourselves, like they are our assignment we are given. If we have the computer lab, we could even go there to prepare power point slides and come present them in class, move on with the times. Some of us might even be educators when they finish. This is where it starts.

Researcher: Thank you. I hear you are talking about eh , (pause) , grooming of students about the IT , and then you talking about at times you don't hear when lecturers are in class facilitating, again I hear another point that you actually do presentations in class

Participant: Yes mam (nodding).

Researcher: So you are actually using different methods for class presentations?

Participant: Yes mam (again nodding). Uhm, actually, at the moment is being done the old fashioned way. Where somebody would bring notes in writing and read them for you. And we all understand that , especially with the background that we are coming from , some went to the poorest of the poorest schools and you cannot readily hear what they are saying , but whereas if they put their presentation on a power point slide , if you cannot hear what they are trying to tell you , you can read for yourself. But unfortunately as things are at the moment, only 10 students would be able to present in power point slide, and maybe if we could have facilities and well groomed in terms of computer literacy, everybody would do that, that would save a lot of time.

Researcher: Thank you. Thank you. Can we move over to the next question?

Participant: Yes mam

Researcher: Uh, on exit from the programme, how ready and confident do you feel to go out and practice as a professional nurse?

Participant: Uhm… (Takes a deep breath). When it comes to that, I will really just say my personal feelings about that. I am about to exit in less than 8 months but I really don't feel ready. I don't think I'm ready. I'm hoping for a miracle, that something will happen in the remaining 8 months and I will find myself just get ready. For an instance I am supposed to be finishing my Midwifery Nursing Science and Community Nursing Science register, but right now, I am not confident that I can do the A to Z of Midwifery., and I am at my exit point, and it's not my fault (shakes head) .it's just mm we are just too many, there is congestion in our labour wards, in the clinics. We get there on a daily basis, religiously so, looking for a case, looking for somebody to help, but because of the ratio, that of students and professional nurses, you find that we are 8, 10, there is only one midwife who is supposed to show you the robes. We cannot all learn at the same time. It makes learning very difficult. If you are somebody like me, that before you do something you really have to be confident, I don't like touching and going. I want to know like when I do something, I can confidently say I know the A up to Z of something. And if I know only up to L or something, I rather not start; I have fear that I will mess up without that knowledge. My clinical exposure has not given me the knowledge that I needed. I have observed and whilst you still don't totally understand, you want to ask, and its touch and go. And that's not how I learn. So it's really difficult and I am just hoping that in the next six months, something will happen

General Nursing Science, yes I would say, we are ready, that's not a lot there. Yah, but unfortunately, our province needs a lot of midwives, psychiatric nurses, and uh, I don't know (shakes head) I don't know if my colleagues can say proudly that they are ready (takes a sip of water).

Researcher: pause – thank you. So you are talking here about congestion of 8 or 10 students being assigned to …

Participant: (interjects) the one midwife

Researcher: To the one midwife?

Participant: Yes mam

Researcher: Mh, can you tell me more about that and how do things function?

Participant: It's actually like a mad house, our labour rooms, because there will be one woman being about to deliver, one midwife to supervise 8 students that need to be observing or doing practical learning. So you get a woman screaming because of labour pains, you get people talking and I, I personally hate the labour rooms because of the commotion (lot of disdain displayed in facials and heard in the voice).

Researcher: Thank you. Then how do the educators ease the situation?

Participant: Uhm , recently , before , we were never placed on night duty , but recently they have tried to place us on night duty, but still , we only have one academic hospital in this area , which is Mahikeng, that's Mahikeng Provincial Hospital (MPH). And you get one class; we have got 2 midwifery classes, starting from level 3 that is level 3 and level 4. At Mmabatho College of Nursing, level 3 we have + 150 students and level 4 we have 120 students or so, and there is the university on the other hand. And all these institutions when they send students to clinical, to the practical side, they send them to MPH.

Researcher: Thank you. Can you tell me more about the preceptors or accompaniment whilst you are there at the clinical areas?

Participant: Uhm, uh m those are words that I have just seen on paper (giggles). Mostly our lecturers, that teach us in class, are the ones that have to do clinical accompaniment. We don't have people that are involved just to do practical – preceptors. And obviously they will do that whenever there is time, that limited time within their busy schedules, and that can only happen during the day. So if it is time for clinical accompaniment, every student should be there, even those who are on night duty. So that is another thing, and they can only be at one facility for a limited time. Like for instance, if they come to a clinic, it has to be like for less than an hour or so, because when they do clinics, they have to see in a day 4 or 5 clinics. That's another thing.

Researcher: Thank you very much. Now, what recommendations would you make to Nursing Education, Nursing Practice and even to Nursing Research in order to embrace the quality of nursing education?

Participant: Mh, ok I do not know what has happened. But I would think that before they introduced this kind of learning, uhm, I mean the way our course is structured, there was some kind of research, but I would like to earnestly request them to go back (coughs) and research especially on the methods that content is delivered at our college. Really (coughs again) they must just go research and interview a lot of us and follow us to clinical areas (commanding tone) versus the university students, because the university students their modules run concurrently and when they sit for exams, or for at certain times , the class starting in January they do all their modules for that semester. In one day they will be attending 6 different classes for each module and we find that they are more relaxed than us and they get to know a lot more than we do in terms of content. Also unlike us, we are six weeks in class and then the remainder of the time we are in clinical set up. Every week they are 3 days in class and 2 days at the clinical set up. I think that is the best thing. You get to be learning on both sides at the same time. Like for instance what I really, really hate about our situation, is that when you are in class you act like a student, you study, you study, but the minute you are out at the clinical setting for 3 months, for which I have to go for 4months, there you forget yourself you tend to think that you are a worker. Your books get shelved and everything, and then you go on and on as if you area learning professional nurse, working. And that is not good for a student; a student must always be a student. So I think they should go back and come up with better methods, because this one, I don't see it working for us.

And also we need more education staff. We need more lecturers. We cannot run away from that. Whatever, they must just avail the budget, the department of health must avail budget. They must go out there, and motivate the other employee; there are a lot of professional nurses that have got education sitting at the clinical services. They must just go and ask them to come and help at the college if they want to produce quality nurses. If they want to invest in the nurse's future, they don't have a choice

Researcher: Thank you. Now how best do you think that students can be attended to at the clinical areas so that they can benefit more?

Participant: If they can have preceptors that are in practice just for that and they are based at the clinical site, like they don't really, they go to the college just for the meetings and staff. They are there. They receive us when we get there. During the day, if the learning outcomes or certain procedures we have to observe, they must be there. Professional nurses in the wards are there, they have KPAs. They are there for them. So these persons, the preceptors KPA will be just be accompanying us students on a daily basis and maybe say you are on clinical facility and you see that you are falling behind, or maybe you are not reaching or getting there on your learning outcomes, you can say: mam or sir when it comes

to this learning area I have not been exposed, and then they can talk to their colleagues on the other side and make sure you are being exposed.

Researcher: Be talking to? Preceptors talking to colleagues on the other side

Participant: Uhm, yes, as in the ward nurses or matrons. Is it not like maybe I'm placed in the ward and I don't get a chance to observe a certain procedure or learn about something that is on my learning outcome. It would be easier for a preceptor as a professional to go and speak to her counterpart. Unlike me a student just going there

Researcher: In other words you are talking collaborations

Participant: Yes

Researcher: Thank you. Then for nursing research what would you recommend? (Silence). I heard you earlier on talking about "interviews a lot of us". Who should be interviewed?

Participant: The students. Not just interviews. Uhm, they should also do follow up. Like choose a certain group of students, like started them as they entered. Do a follow up, this is their training. And you need to interview their superiors, see how they perform, and then they will be able to pinpoint where the problem is.

Researcher: Thank you very much. For nursing education, theoretical what do you think?

Participant: Uhm, I am not sure if that there is a problem. I'm just only; I have just been here for 3 and half years , I don't know , maybe I'm missing something , but my personal expectation , I think in terms of theory , we are getting what we should get, and it is , theory is fine for now. The only problem I have encountered for now, especially in our college, I won't speak for other colleges, I don't know if they have the problems, but here, especially because this the college that gets most people who are older, like over 30s and because we get seconded officers that have been nurses for over 20years, and now they are on study leave, there is a problem when it comes to communication, especially in the English language. And we understand that there is eh, the medium of instruction .What I would recommend over and above the content that we get, they should just have the communication class where they are prepared. I mean, I have never seen a report written in any language other than English. And we know nursing is always about reporting, so, if we are letting them to go and they cannot express themselves in the language. One day they will stand in court, what are we saying?

Researcher: Ok .Thank you very much. Is there any other thing that you would like to say?

Participant: Uhm, not really. It's just, you know, mm, as a student, me representing the students; I would just like to say that we need interference. There has been a talk that we are moving to the institute

of higher learning. I think maybe that would be the answer, because if we are no longer under the Department of Health solely , like the way it is , maybe things will change in our college , maybe we will get outside sponsor , for an instance , the initiative that MTN has done by providing the computers. We understand that the government does not have money, that's fine, but if we can become a parastatal like the university and all that, I think that things will be better for us; I think the nursing college should not belong to the government.

Researcher: Thank you very much. I really appreciate you time, but I have just one last question here. You earlier told eh, you were talking about communication with the lecturers, you said the elderly… How is your communication between yourselves and the lecturers?

Participant: Myself as a person or the students?

Researcher: Students, both

Participant: Myself as a person , I think have been exposed and I am a little bit on the mature side, so I don't have a problem , but then I have got my colleagues that are young and they get easily intimidated. And also, some, either new lecturers in our college, I think it goes back to the fact that most of the lecturers and the students are coming from the same cultural background. So we get a lot of cultural interference that is unnecessary especially in the environment of learning. Like for instance, as an elderly, you expect they, learners must fear you, like we used to be when we see our grandparents and our parents. I am not saying there should not be respect; there should always be respect, but professionally so. In a way that I respect you so much that I cannot tell you that I have got a problem and you listen irrespective of looking at my age. But sometimes when the child comes and forever asks questions, they would be told: 'Hey, you youngsters are troublesome". Really, that must stop. We must just learn to bypass the cultural factors and the cultural norms that we know and start to have a professional relationship, student – lecturer relationship. As students we are supposed to be researching when learning and I might read books or come across the information that you have never come across as a lecturer. I should be able to say that the book that I read or the information that I have differs, and we should be able to debate about it, not when I as a student say or question and you feel like they are questioning your intelligence and it is like that most of the time(giggles), and it's a problem .

Researcher: So it is happening like that?

Participant: It happens quite a lot. It's like when you raise your hand and just voices your disagreement to something, they take it personal. Especially because when you refer to something, I do that sometimes, but I will always say, I read and will even quote and if something needs proof, I can bring proof. So I think we should treat each other like adults and have that relationship.

Researcher: One last question: In your perception, to what an extent are your academic, social and psychological needs being met?

Participant: Our College only meets academic needs. No social needs at all. Fortunately, I am in the SRC, (giggles), SRC president, so we are trying to cater for the students' social needs. Like we social uhm, organise trips, sports trips, have social parties where they interact socially. And you know, when you come here, especially we that are leaving, we want … (silence).

And you cannot have a community that does not have social interaction, so the college should understand that. And the problem that we have, sometimes when we organise social parties and staff, our management are against it. They only see the negatives. Like they would, it is like they want to seclude us from the general public out there. They don't expect the students here to act like the general public would. And if they could do that, there would not be a problem. They would find that we are social beings, as much as we are academic beings (laughs) if there is such a word. And again, like I was saying earlier, our college has got a lot of mature students, like they are older, the over 30s, some of them are married, they are mothers and as a person you encounter some personal problems and at the same time you are required to come here. And they just need support … I would think that there should be a social worker, somebody that can come to the college and we can talk. Universities have that. Why don't we have that? We are also a tertiary institution.

The worst thing is we are a nursing college, we are required, when we finished from work, 80% of the time we are based at the college. We do not even have a campus clinic, where we can just go and check you're BP, and that I do not understand. I really do not understand (emphatic), yet we have youngsters, uhm, uhm, females, child bearing age . They cannot even go for simple family planning clinics for their contraception's. If you, our lecturers are professional nurses, they can offer that, right here at the college.

Researcher: And how does that affect you? Your unavailability or your no attending to other needs, like you have just mentioned, social needs, psychological needs, how does that affect you ?

Participant: It does affect us in a way that there is a lot of tension all the time, there is a lot of stress on the students that is unnecessary. If we had uhm, like for instance, you find that you have to go for a check-up at the clinic, or maybe simple family planning and you know you can take 3hours. There are classes running, and we sign the registers. If you are absent for 3hours from classes, shortage of hours will hit you at some stage. We get so depressed. You know, you know you have to do this , but on the other hand you cannot do it because of something , and that leads student to being uhm , how can I put it , they don't really steal , they help themselves to the medicine at the clinic. It's not supposed to happen like that, because that can lead to people being thieves, they will get used to it, and they will steal. Whereas if it came to them, they will have no need to go to the hospital and get six packs of

contraceptives pills that somebody needs. They just take it for the time when they are at the college. I really find that depressing.

Researcher: Thank you very much for your time, I do not know if you have any questions or any other thing that you would love to say.

Participant: Uhm, I do not have any question, but I would just love to say, thank you so much for affording me this opportunity to come here and talk. I hope somebody would listen to this clip and really do something about it (laughs).

Researcher: Thank you. Thank you very much for your time.

Participant: You welcome mam.

ANNEXURE 11

TRANSCRIPT FROM CAMPUS B

Date: 16 /08/ 2016 **Day:** Tuesday

Campus: B **Interview no** – 4

Time: 11 H 30 **Gender:** Female

Age: 41 years **Student classification:** Student with previous nursing knowledge

Researcher: Good morning lady

Participant: Morning mam

Researcher: My name is Ntshediseng Mkhokheli. I am student at North West University – Mafikeng Campus. My research topic is: Exploring the quality of nursing education at a college in the North West: Students' voices.

Participant: Pleased to meet you mam

Researcher: Thank you .Previously I talked to you requesting you to become a participant in my study. The main reason being you are a finalist student. ..(Interrupted)

Participant: Yes mam

Researcher: Therefore you have undergone maximum period of training as compared to your junior colleagues

Participant: Yes mam

Researcher: So I assume that you have got more information about the quality of education

Participant: Yes mam

Researcher: I don't know if you are still giving me consent to continue with the interview

Participant: Yes mam

Researcher: Thank you. I appreciate. If at any time during the interview session you feel uncomfortable, you feel you want to discontinue with the interview, you are at liberty to do so and you will not be penalised for that.

Participant: Ok. Thank you mam

Researcher: Thank you. So can I start with the first question?

Participant: You may, you may mam

Researcher: Thank you.

Participant: You may mam

Researcher: Thank you. The first question is, eh, how do you perceive the quality of nursing education to be like at the college?

Participant: At the college it's not bad mam. The thing is, just seeing that I am an RPL, we have a lot of constraints, especially with uhm, learning materials, like books, those kind of things. Previously it was deducted out of our salaries, and then all of a sudden it changed so that we have to buy our own books. And that in it is a big financial implication for us. Seeing that the book that we have to buy is from Van Schaik and from Proteas and those kind of places are very expensive. Whereas the ones that we received from the college they was not that expensive and it was the same kind of books that the bursary students received. So sometimes when you buy the books from the other bookshop, the book differs, so the page numbers differs. So you have a lot of research to do in order to get the information you want.

Researcher: Thank you. Then how does it affect you, the problem that you have with the learning material, with the books?

Participant: I struggle in , in , first you struggle to get the page, you struggle to study , you struggle to get the information properly through, eh , when you are in class and eh , the lecturer tells you , ok , go to this page , you have to page through and through to get though the proper information. It takes a lot of time. It's time constraints for us.

Researcher: Thank you.

Participant: (Interrupting) Sorry mam, especially, especially if you are maybe a slow learner, to say it like that, eh , some of us , eh , some of us does not grasp as fast as the bursary students and some of us the intellectual abilities is not the same.

Researcher: Thank you. You said earlier eh, you were actually getting the learning material from the college

Participant: Ja (Yes)

Researcher: Can you relate more about that?

Participant: Uh, it was in my first year, that we received our books through the college. I don't know who is the lady that we went to, that gives out the books. There was a page that you signed, and then the money was deducted from your salary every month. I think for about six months, then it was fully paid up. Now all of a sudden you have to come up with cash, which we don't always have. And to buy the books that's a real, that's a constraint for us RPLs.

Researcher: Thank you. And what does the college say on that? What's the problem?

Participant: Uhm, I am not actually sure about the college say about it because there was this uhm, I think it's Mr … who is the, the (interrupted)

Researcher: Ok, thank you. Don't say the names

Participant: I cannot remember the names. Ja (yes). I cannot remember his name. But there was a strike going on for the RPLs to be receiving the books and everything and then it was just like there is no solution, there was no resolution, there was nothing for that. Even if there is information being Photostat for the bursary students, we as RPLs we pay for it. I don't mind doing that, but maybe in the future, for other RPLs, maybe that would make their life easier for them to contribute in the college.

Researcher: Thank you. I also heard you said, generally things are not bad here

Participant: No, not really bad. No

Researcher: Thank you. What do you really mean? Can you expatiate on that?

Participant: First, they make of all, let me say it like this; this is not my first time in Excelsius. I was in "93, and the time from there and the time from now is a major difference. I actually enjoy it more than in 1993. Uhm, I actually enjoy it more, the classes are better for me, the divisions uhm, between the, uhm, instead of the yearly basis they made it six months, its better, the content is better, I understand it better and even the lecturers, it's much more easier for me now to go to the lecturers if I have a problem than I had when I was here in "93. So I think there was … (pause)

Researcher: Thank you.

Participant: A major difference happening there, I am glad. It was, it was frightening there. Which I am very grateful though.

Researcher: It's good to hear (a giggle from the participant). It's good to hear that.

Participant: Continues to giggle

Researcher: You said classes are better (interrupted)

Participant: Yes, for me ja (yes)

Researcher: Can you eh, relate more on it?

Participant: Like I said mam, I understand the word better before, like I was here before and, maybe because it's in English this time. That time it was in Afrikaans. And I don't know why, but it's like I grasp better in English and so , I would , if its , if somebody can relate in English , it's better for me. Sometimes it's difficult because some of the lecturers will explain something in Setswana, which I don't always understand. So if that can, be, maybe, uhm, how can I say it, corrected in some way? That if you explain something or say something to the class, just correct yourself and say, ok, I am sorry. I see you guys are there as well, and for my English and Afrikaans speaking girls, or persons in the class, this is what I said. That would help me as well, for, for, because sometimes it felt like I am left out (feeling low). They are laughing about something, whereas I do not know what is going on. I don't mind, but it sometimes, it's like I am on a distance.

Researcher: Did I capture you well, that at times lecturers use Tswana to explain things better (interrupted)?

Participant: Yes, yes

Researcher: And then because you are not Tswana speaking you become left out?

Participant: I become left out here, but it's not bad though, because I usually ask somebody what mam said about something. It's sometimes difficult for her as well to grasp what did mam say, so (silence)

Researcher: And how does that make you feel?

Participant: It made me feel uncomfortable sometimes

Researcher: Thank you. I have heard you have talked about the books, and the, the content. You said it's much better .Can you narrate more on the content being better, what do you mean?

Participant: Uhm, the content is like the prescribed books and so on. Eh, previously we had to go to a lot of referral books. But ever since we came to, in our senior years, the, the information is more subjected to the books that we are using in class. Then more information is there, it's only a few information that we get into the library with referred books. So the information in the current books there, is much better, it's better than it was before.

Thank you. As I captured you earlier on, you said uhm; the matriculants are being given books?

Participant: Ja (yes)

Researcher: So when you get to the library for referral books, do you get access of them?

Participant: Yes (emphatic), definitely. You can take them out, you can take them home, you can study, but you have to bring the next day.

Researcher: Ok. So they are sufficient?

Participant: No, they are sufficient. It's only some of the books that are not sufficient enough, ok, because I must understand that the college have a budget to work on as well for them in order to get the books. But in order sometimes, eh, eh, some of our colleagues are very selfish; they don't return the books in time. So we struggle to get the books with all the information.

Researcher: Does that imply that the, the resources, the books are limited?

Participant: Ja (yes). They are very limited. Some of them are very limited, some of them are enough, some of them are limited.

Researcher: Thank you (and interrupted).

Participant: And mam, what I just can ask is, not ask but can say, for instance neh, if it's possible maybe for the college to broaden its library as well, that will help a lot, say for instance if there is another place for storage of books and everything that will help a lot as well.

Researcher: Ok you, mean the college to increase the size of the library, it will help a lot

Participant: Ja (yes). The size of the library, it will help a lot.

Researcher: Is there any other thing that you would like to add on the quality of nursing education?

Participant: Not really, but what I have seen is uhm, that the lecturers they really trying their best to teach us what they know, what they want us to be in the future. So it depends from person to person, if they gonna take that and make that their cornerstone for the nursing profession. It depends in everyone else. But for me what I have learnt my cornerstone is you have to be respectful first of all. This is not, it's a calling, you have a choice to do nursing, but it's a calling as well, you have to have that patience, you have to have that loving, tender loving care for your, for your patient as well as your colleagues, and if you don't have that, I don't see how you can be a proper nurse for that

Researcher: It sounds exciting and intriguing to hear that you say nursing is a calling and then you as a student you have those virtues that you have cited, patience, love, kindness

Participant: (interrupting) and honesty, and honesty

Researcher: And honesty

Participant: (interrupting) yes mam

Researcher: Honesty, is that what you see in your lecturers

Participant: Some of them yes. Some of them yes, but like I said previously, it's in the years, it was there. Uhm , at first , like I said previously , of the Setswana neh , I felt uncomfortable , but as I get to know them , this is what I saw , this is what I saw

Researcher: Can you narrate on some of them, what is happening with others?

Participant: It's because I did not understand them well enough, that's the only thing that I can say. I did not understand them well enough, and there will be previous groups that would say uhm, that mam be careful of her. And then you get into the class with this stigma, this lecturer is going to give you problems .Or this lecturer and then , as a matter of fact, I have never had a quarrel with one of my lecturers, because people are trying to influence you badly , for me personally , going to class , and make up your own mind.

Researcher: That's good to hear. Now moving from the class, when we go to the clinical areas, can you relate more about your exposure heat the clinical areas?

Participant: Very effective. I learnt a lot. But the moment you getting to higher, eh higher facilities and the things you do, the job exposure, its, how can I say it? It molds you eh, into what you want to be one day. So yes, it's very effective for me and like the PUKKE students, the university students, they don't get that opportunity as much as we did. So if I were to recommend somebody to go to the college, instead of the university I would (emphatic) because the practical exposure is much better , you get much better experience, you are much more exposed to any situation that you get, yes the exposure is excellent. For me its fine.

Researcher: Thank you. You are talking about you, as the college students; you are much better, much more exposed than your colleagues at the university

Participant: (interrupting) at the university, yes

Researcher: That the exposure is excellent

Participant: (interrupting) for me ja (yes)

Researcher: Yes, can you relate more on that? What is it that is excellent?

Participant: Ok, let me say, like for an instance, we are working 5 days a week and then we are only weekends off. Wherein with our colleagues, they work weekends at the university, but say for instance they work on Monday, Tuesday they will be in the class, sometimes they will be there on Wednesday and Thursday they will be in class, it's just an example. For us, we are there the whole five days. So we get to see what's the daily routine in the ward, we get used to the staff, we get used to the conditions,

we are mostly there when the professors say for instance and the doctors are there with their rounds. We get exposed to that. So, yes, our colleagues get exposed to that as well, but not as much as we are.

Researcher: Thank you, and how do you find, I hear you are talking about professors being there during the rounds and how do you find the general attitude of the clinical staff towards you as students?

Participant: Again it depends on student from student; it depends on your attitudes towards the staff. If you have an attitude like you don't care about the profession and so on, you won't get a lot of help. Now I am always there, I am always part of the group and most of the sisters told me that uhm, I would make it far, because I am interested in what is going on. I like to ask questions , I like to see what is this , I like to and Google if I don't understand something , I want to see what is sitting behind it .

Researcher: Thank you. And the visibility of your, because I have heard you talking about professional nurses in the clinical facilities, the professors, what about your, your tutors, their visibility at the clinical areas?

Participant: They do come for accompaniment but it's always as it is, sometimes if they have transport to go there. If they don't have transport, it's difficult for them to come and accompany us. But otherwise if they do their accompaniment, it's not bad, it's also satisfactory for me, because sometimes they would explain something in class and then go to the clinical facilities, and then they would explain it to you again, this time proper understanding it in the facility if the resources are available there to you, they do it, if it's not, then that's fine, they try to do it at least.

Researcher: Thank you. I hear that you have a theoretical exposure and during clinical placement if there is transport…

Participant: (interrupting) yes

Researcher: They will be there and you will be able to understand things better

Participant: (interrupting) yes

Researcher: That's good to hear. Now if there are no resources, what do you mean if you say if there are no resources?

Participant: If there is resources like, for instance, some of the hospitals they don't have kidney dishes for an example, how are you going to inspect the placenta for example if there is no kidney dish to receive it in? It's difficult and that's one of the tools that you need on the criterion for a placental inspection. Just for an example, if there is no urine dipstick how can you see if there is a, you can misdiagnose the patient if there is no urine dipstick .Just for an example, uh, urine dipstick if there is

no urine dipstick how can you see if there is a, you can misdiagnose the patient if there is no urine dipstick. You won't know if there is proteins or anything inside. You need to have that resource.

Researcher: So that does happen?

Participant: That does happen yes

Researcher: And how does that make you feel? How does that affect your life as a student?

Participant: It makes me feel incompetent; because how can I treat this patient if I don't know what is wrong. I need to know what's wrong with my patient before I can make a proper diagnosis, before I can give proper treatment or referral if necessary.

Researcher: Eh, tell me if I am capturing you well. Lack of resources at times makes you to misdiagnose or not to treat the patient as you are supposed to?

Participant: Ja (yes)

Researcher: Thank you… (Interrupted)

Participant: This is how I perceive it mam.

Researcher: You again said that the lecturers come when there is transport how are available then are they because they only come when there is transport available?

Participant: They give us their cell phone numbers as well to contact them if there is a problem that we might experience. So they are always available , because I know mam Madikwe that gave uhm, her cell phone number, so if we have a problem we can contact her directly , it's not a problem.

Researcher: Thank you

Participant: Mm. (Nodding)

Researcher: Thank you. Is there any other thing that you would like to say on quality of education?

Participant: No

Researcher: Thank you… (Interrupted)

Participant: I am very happy and very satisfied. I am still enjoying it even if it is in my last year (then giggles – contentment displayed)

Researcher: Then can we mover too the next question?

Participant: Yes mam.

Researcher: Can you tell us or share your, what are your perceptions and opinions regarding eh, content accuracy, the, the level, the relevance of the content and how reliable you find the programme content?

Participant: Is reliable, especially if it's concerning to South Africa. There are books that we are using that that the authors are from America or somewhere else. That information is really not for South Africa. I would like to have e information more on illnesses in South Africa that we are dealing with. The percentage is for South Africa because this is where we are living .I would like to make a change when I got out of college. I would like to go and treat my patient as a South African patient and not from USA, because USA have got their different illnesses, they have got different things there. The social demography is different there, people misunderstand South Africa.

Researcher: Thank you, and what do you actually mean by that, does that mean some of the books that you have …

Participant: (interrupting) Ja (yes). It's written by American authors, and some of the things are from uhm, ok, they did their research maybe, but is not specifically for South Africa, is mostly for America.

Researcher: Ok, thank you. Then generally how do you find the, the programme content size, the content of the programme that you are in, the size of it.

Participant: (sarcastic chuckle). Very large. There is a lot of content that we need to grasp in a small time. And uhm, ja (yes), it can be difficult, but you need to be committed. If you are not committed, you are not going to make it. Especially for us that eh, takes time to grasp or something. You have to be committed.

Researcher: When you say it's very large, can you expatiate more on that?

Participant: Uhm, yes, just for in case General Nursing Science is a lot of conditions. That you know the pathophysiology of it, you have to know the treatment, and you have to know how this condition present and so on and there is so much content that you need to know in a certain time. That, it is almost, I won't say impossible, it can be done, but for some people to grasp it, it takes longer, and the content is a lot.

Researcher: And how does that affect your life as a student?

Participant: It tires you. It tires you a lot because you have to sit up late nights to grasp what was going on in class for the next day if the lecturer comes in class and asks you to present one or two conditions that you have at least knowledge of what is going on. It tires you a lot. It stresses you a lot; it's emotionally uhm, tiring for you. It's physically get tiring for you because sometimes you will be sleeping late at night, sometimes you will be getting up early in the morning to recap what's going on and so on.

Researcher: What will you suggest then should be done in order to address this?

Participant: Actually for me I am not exactly sure but I know previously they had this , say for instance , General Nursing Science , that they had over for three years , where they have got just General Nursing Science . It was not uhm, congested like we have it now for the D4 where you have your Psychiatry, your Midwifery and you Community. It's difficult. It's very uhm, how can I say it, like I said congested, its put into a tube, it's like is pressed. And sometimes it's difficult for people to, to acknowledge that. But it can be, it's possible for some people to do it, but if they can bring back, maybe, previous years. The, the previous (pause), I can't say it properly now, uh the studying, for, for basic and, and then only General Nursing Science. Whereas you can come back maybe to do your Psychiatry , to do your Midwifery ,or come back to do your Community, just focus for in , for instance , just on GNS , so that you can cover that lot of content , say for instance in 2 or 3 years.

Researcher: Thank you .Now that large of content of work to be covered for a short time, what is the impact when you have to sit for assessments?

Participant: Uhm. It's difficult because you have, during your assessments you have to know what is happening with theory. Otherwise if you are going to be assessed, you don't know what you are talking about. Again it takes you a lot of time to grasp some of the things. And its repetition, repetition, repetition and repetition. Otherwise some of us tend to forget these things and if you don't practice, say for instance there was something that was demonstrated to you , and if you don't practice , if you don't practice that, you will never get to do it , and the time to practice it is in the practicals , when you go to the practicals. Yes, we do have the dolls and everything to practice on, but it is not as effective as you go to real patient and you see what's going on.

Researcher: Thank you .Is there any other thing that you would like to say?

Participant: No mam.

Researcher: Then we are moving over to the next question. Eh, what are your perceptions **Participant:** The resources, like there is not lot of resources, we have to use like uhm, say for instance, we want internet, we have to use our own data. There is not really, like the free Wi-Fi that we can use to google or research for something that we like to. And like I said, the library is very small, there is not enough books for everybody to make references for, when they want to come and so on. If you want to reference something , you have to look it up and for me what I usually do is , if I take out a book and I don't get through it , I like to make copies for myself, again for me as an RPL that's a financial implication for me.

Researcher: Thank you. And how does it feel like to be living in this era of technology and you can't even get access of it, full access of it.

Participant: giggles. If feels like something's you , you are, how can I say? It depresses in one side, sorry to say it like that you want to know what's going on, but you don't have data to get there. Do if there is no access to it, it frustrate you actually, you want to know what's going on but there is no data, there is no, you maybe want to download something on a computer it, there is no computers for us to use to go and prior to go and get this information from search in it you actually see is as you study it, if you have one and, and ya, sometimes its difficult to read that on a smart phone because your eyes are getting tired.

Researcher: Thank you. You earlier talked about having dolls where you practice ja (yes)

Participant: Ja (yes)

Researcher: Can you tell us about your equipment and your simulation lab?

Participant: Like for instance if there is, if you have to do the abdominal palpation and inspection and so on, there are dolls available in the simulation room, that you can practice on. It's not a problem, but the thing is, the best way is to practice it , is on a life woman to, to feel the fundal grip, to feel the poly's grip, to get those feel to see what you have got to feel. Sometimes into those dolls there is not actually foetus inside that you can palpate, there is a kidney dish in. Just to make the, the pregnancy sustainable to say it like that, and it's difficult because you need to feel what you should feel. You should feel where is the limbs, you should feel where is the back, you should feel this head has it engaged already, those kind of things.

Researcher: And it is a kidney dish inside.

Participant: And sometimes it's a kidney dish inside yes, because they don't have resources.

Researcher: Then how does it affect you as a student?

Participant: It confuses me (giggles). It confuses me, because you need to determine, especially during the assessment, during the OSCES you need to determine what is the lie of this baby, you need to know what the position of this baby is. And how can you correctly say, that in an OSCES if it's a kidney dish (silence). Its difficult mam. But ja, like a said, (giggles) I still enjoy it, irrespective.

Researcher: I understand. Thank you. Is there any other thing that you would like to say on the resources?

Participant: The only things is uhm yes, there is a simulation room for us and so on. If they could have maybe, proper dolls and so on for us to practice on. Uhm, like for an instance, the arm that we use for the intravenous, some of the things they are overused. So they don't work that, that proper anymore. So

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if it's possible, to get new resources, it will help. Or find something that can subsidise that, that won't break up easily.

Researcher: Thank you. You earlier talked about beautiful virtues that should be there in a nurse.

Participant: Yes mam

Researcher: What virtues then, would you like to see in your human resources?

Participant: Honesty, definitely honesty, and don't be secretive. Cos uhm, where I am from, if I ask my HR sometimes for something, they don't always give me the correct answer. They always come with a turn, or I have to find after somebody else what is actually going on. Be honest, tell us what you expect from us, tell us what you are supposed to get. Don't hide things from us. Because it is frustrating to know some people know something and you don't ,uhm , just for an instance, that there was a message that was carried through to the RPLs that we had to submit our matric certificates together with our SANC certificate to our human resources . There was no communication. So I did not know about it and I only found out after the closing date. So I had to go back to my facility and ask, listen guys, what is going on here (agitated)? Why did I not get the message? So the communication gap, I would like to see that being rectified.

Researcher: Thank you. And in your academic staff, what characteristics would you like to see in your educators? What characteristics do you find really exciting for you as a student in the educators?

Participant: Mam, what I have seen is that, most of my educators, they loved being nurses. And they have influenced me as well, so much so that I even think of going post basic towards midwifery. Mam B…, I can say it for honestly the way she is passionate about midwifery, it's a big influence on me .She loves it so much and you can't help, the way that she is presenting and everything, you can't help to know more, to see more, and you can't wait to go to the facilities to see what is happening there. She will explain something to you in class so nice that when you go to the facility, oh, ok, this is what mam B… was talking about, ok now I see this. Oh, this is what asphyxia looks like , you can't wait you want to see that and even in Psychiatry as well, when we had to do the, the intellectual disabilities when they sent us to Witrand for those few, few weeks. When we got to class, ok, then we know, ok this is the presentation of intellectual disabilities, ok this is the Downs syndrome this is what they present with, and the way mam Ma…

Researcher: (Interrupting) Can, can we please refrain from using their names…

Participant: All right sorry man.

Researcher: Ok, ok

Participant: And the way it was presented in class neh, it make, you so excited to know that ok she is well prepared, she know what she is taking abut and I can't wait to go see what is going on there, I want

to see how these people are presenting this is, she makes you, actually want to see more, know more, and actually go and maybe research why is it like that. That's how I felt like, especially for this year.

Researcher: That's exciting. Now, can you tell me what is the general knowledge base of your educators?

Participant: They do know their work, definitely. And what I can say is, from first year until now, all the lectures that I had so far, never, uhm, they have the slides and everything, but they rarely read from the slides, they know the content so well that they can give it to you without looking at the slides. They can ask you questions, you can answer and see they will answer you back, they will correct you if you are wrong without looking at the slides. And I mean that's fantastic, I want to do that (gives an excited giggle). I want to be like that.

Researcher: To be knowledgeable?

Participant: Definitely.

Researcher: Thank you. That's lovely to hear that.

Participant: Ao, mam (exclamation). I am excited by nursing I wanted to a nurse from or, 6 years old. So yes, it's in my blood. I love it; I love to be a nurse.

Researcher: And your educators are having a positive influence on you?

Participant: Thank you very much. Can we move over then to the next question, unless you have any other thing?

Participate: No its fine mam

Researcher: Ok, ok

Researcher: What are your perceptions on individualized core provided to students and the accessibility of your educators?

Participant: Like I have said, the educators they do give some of them, not all of them personal cellphone numbers so that we can contact them if we have any problems. Uhm, but individualized, I have never really made use of that, because usually I understand some things, if I don't understand there are my colleagues that I can go to, if I struggle with something. Even though I can go to a lecturer but sometime I am, I am a very shy person, even though it does not look like that. I am a very shy person and it feels like I rather go to somebody in the class who understand things better than to go to a lecturer because I still feel, I still see them as my seniors and so on and I don't want to bother them whereas they might have somebody to attend to, it's just my personal feeling, I can be wrong, I know I am wrong for doing that, but is my personal feeling, I also think there is somebody, maybe who needs more individulised attention than I do and I have been like that for… forever (laugher).

Researcher: It's your personality

Participant: It's my personality ja (yes)

Researcher: Then what is the general perception of others students about the accessibility of educators?

Participant: Some feel that educators are not that much available and accessible for them, uhm, they say that they can go to the offices and so on but it's not feasible for them. But for me , I don't have a problem , I can call my mams or lecturer and they will help me, it's not a problem.

Researcher: Thank you. So they give you phone numbers and if you call them, they are there to answer.
Participant: They are there to answer, if they don't answer directly they will make a plan to call back.
Researcher: Thank you.
Participant: Ya
Researcher: Thank you. Now. (Pauses and drinks water) what is your perceptions regarding realization of your needs, for an example academic, social, psychological and housing needs.
Participant: Ok, housing needs, it was difficult for me in the beginning because I had to stay in the residence. I had to adapt to a lot of people around me. I grew up alone, so it was difficult for me to share, it was difficult for me to adapt in a large group, but eventually I did. So housing it was a problem. I am not used to sharing a bathroom; I was not used to sharing a room with someone. I had to adapt to that, but I did.
Researcher: And how is the general condition of the areas where you live?
Participant: Ok, when we started in first year, the residence it was not that nice. There was a lot of rats and cockroaches and those kind of things. But I am not show how it looks now because I was not in the residence for quite a while. Uhm, I am staying at the moment, I am staying in Schoombie and it's not bad for me there. Uhm, there still infested with cockroaches and those kind of things, they did spray or something, but it's not effective, the things keeps coming back, but uhm, they are trying their level best at least to keep me the housing up to pop.
Researcher: And what is this Schoombie?
Participant: Schoombie is the residence that we are staying in.
Researcher: Residence offered by the college?
Participant: Ya.
Researcher: Ok.so the college offers this residence to both matriculants and RPLs?
Participant: If there is space for RPLS yes. I know there was a problem I think in the beginning of this year. There was not enough space for RPLS in the residences. So some of them they had to get outside accommodation, but the SRC made a plan for them to stay at the Protea hotel. So ja, they do make a plan for accommodation.
Researcher: Thank you. And how does it affect your student life then when if you are not living on campus.
Participant: It's really not affecting me that much , cause for me I like to be alone, UHM , because again, I grew up alone, I am not used to sharing. I can stay the whole day in my room, and nobody will not even know that I am there. I will keep myself busy with books or will be reading or something but I will keep myself busy. Whereas I don't socialize that much as well.

Researcher: Thank you.

Participant: Otherwise I don't have a complaint or don't have a problem. And the interaction between me and my classmates is not bad. I became to love them dearly and I am gonna miss them even more, after these 4 years.

Researcher: I hear that you not, eh socializing that much.

Participant: No.

Researcher: Ok, but then are there any social activities available, for you as the for general students

Participant: Sometimes we do have games and so that is being played for at the college. There is tournament that they go to for netball or soccer and so on. And there was even this one stage that our Campus Head she arranged a coming together on a Friday, I think after 10H00.There were games played and they were exercises, just a fun day for the students and lecturers. It was quite nice.

Researcher: Lovely to hear that. Ok just going back a little bit where you were talking about your housing, where you stayed, you say, there was an infestation with cockroaches and rats, did I capture you well?

Participant: Yes, there rats was here in the college residence, but I am not sure now, but I don't think they have a problem now, anymore. They came and repaired it and upgraded the residence as far as I know.

Researcher: Thank you. But then how was that affecting your student life, poor residence?

Participant: Eh, honestly saying mam, it made you to go out, for instance you want to go to the bathroom, I am afraid of rats, I am terrified of them, so you won't leave your room at night because the rats will be at, will always be at the rooms at night and mostly the dustbins were outside the rooms at night. So you know that there were scavengers all over, I was afraid to go out (laughing continuously).

Researcher: Thank you.

Participant: That time I did not think it was funny but now thinking of it I actually laugh about it (the laugher continues)

Researcher: Thank you.

Participant: Its ok mam.

Researcher: Moving over to the next question. How ready and confident do you feel right now to go out and practices as a professional nurse?

Participant: I do feel ready, I am actually excited to go, eh like I said I can't wait to get to my facility and start practicing, and I know the moment you start practicing that's when you learn more because there is no break in between to go to class. You will be on the other side for good, and there is no better teacher than practica. Definitely (silence). You have been pushed into that room, you have to do it. And what's gonna happen if you are alone and there is no body to turn to. You have to be confident enough.

Researcher: So you are you looking forward?

Participant: I am looking forward to go, yes .I can't wait to start and I can't wait to do post basic, I definitely want to, it's one of my goals.

Researcher: You have been motivated that high?

Participant: Yes mam.

Researcher: That much.

Participant: Yes. Mam, definitely.

Researcher: Thank you. Uh, what recommendations then can you make to nursing research, nursing practice and nursing education in order to embrace the quality of nursing education?

Participant: First of all I can say the cornerstone. If somebody comes to nursing for the first time, that cornerstone that is lied down for a bursar student is very crucial. First of all is, they need to be respect, I was taught respect for my lecturers, for my senior personnel, irrespective in the ward, or outside the ward. That etiquette needs to be brought back. I was taught that quality of nursing is supposed to be very high because its lovely occupation that we have, uhm, it needs to come back to that, we need to go back to the basics, if the basics are not there, what's the future of nursing going to be like?

Researcher: Thank you. You talked about etiquette?

Participant: Yes mam.

Researcher: Then again talking about going back to the basics, expect for the etiquette.

Participant: Yes man.

Researcher: Can you expatiate a little bit about the basics, except for etiquette.

Participant: Ok, the basic is like; uhm, if you start with your vital signs, it's crucial to know the vital signs of the patient. Why is it supposed to be done? Because without that vital signs of that patient, how do you know if this patient is going to be hyper cat, aga, hyperactive, hypertensive? So you can see for yourself what the vital signs are, don't forge it in, do it. Forgery this days is very high in our hospitals and I am sorry to say but it's the honest truth. Urinalysis, its basic things that we need to do, that tender loving care that you give when you do a bad bath. It's like people don't care anymore about themselves anymore, even for the patient anymore. I am not saying it's everybody but is what I have perceived so far during these 4 years that I was at Excelsius.

Researcher: Thank you. Now what is it that you can tell nursing education to do in order for the quality of nursing education to be high?

Participant: Emphasize, emphasize, basics mam. Definitely emphasize and uhm, I don't want to use the word strict, but yes, be strict on what you teach. For an instance like, eh, our first year lecturer that we had for, for fundamental (meaning Fundamental Nursing Science). I have got great respect for that lady, because she was straight forward and to the point and she made our first year excellent. And we will never forget the way she taught us the basics, how to do it, when to do it and what to do it if there is something wrong.

Researcher: Thank you is there any other something that you would want to share with us that affects the quality of nursing education which might not have come up.

Participant: Not that I can think this quickly, no.

Researcher: Ok, is there any good experience that you would like to share with us, about your exposure as a student at the college.

Participant: Positive like I said mam, it was better than it was before for me. I have enjoyed the course much more, even though it was difficult, don't get me wrong. It's not always as easy as it seems. You have to be dedicated. You have to put yourself in there, otherwise you won't make it. And yes, the English language is not our mother tongue, but if you can try at least to grasp it better, to, to go out maybe read an English book or something like that just to get your English, eh ,more , how can I say it , more out there , you will be fine.

Researcher: Thank you.

Participant: And there is a lot of big definitions and words but you will get there (giggles).

Researcher: Thank you very much for your time.

Participant: Pleasure mam.

Researcher: I appreciate the moment we had together, I don't know if you are having any questions for me.

Participant: No mam.

Researcher: Ok.

Participant: No I am fine. I just, I just, I am excited. I am very excited. I am so grateful and glad for the opportunity that I had, to come back to school, to finish what I started those few years, those many years ago. And I am grateful for the lecturers that I have, even though I struggled to understand them in the beginning, but I got to love them at the end.

Researcher: Thank you I appreciate that. Maybe in the future, I might need to come back to you, in order clarify some other things, am I allowed to do that.

Participant: Definitely mam

Researcher: Thank you very much for your time.

ANNEXURE 12: FIELD NOTES

INDIVIDUAL INTERVIEW

PARTICIPANT 2

DEMOGRAPHIC NOTES

The second individual interview at campus A took place on the last Friday of July 2015 between 13 and 14h30. The interview session lasted for 1hour 15 minutes. The school had gone off at 13HOO and the interview was conducted in a quite boardroom. As it was winter, the room temperature was cold and a heater was put on. The researcher and the participant were facing each other with a table between them were a bottle of water, an audio tape, a book and pen were placed for writing field notes. The voice recorder had fully charged batteries and was functioning well. Thus the demographic conditions were conducive for an interview. For further demographic data on participant 2, refer Table 3. 1.

DESCRIPTIVE NOTES

The researcher introduced self and the title of the research study to establish rapport. Expectations from the participant were explained, confidentiality and voluntary participation was ensured. The participant gave written permission to participate in the interview and expressed her appreciation for having been included in the interview. She was eloquent, composed and confident. The interview session flowed from the beginning to the end.

REFLECTIVE NOTES

The participant was very relaxed and willing to share her perceptions about the quality of nursing education at the college .She laughed ironically when talking about resources at the college, claiming that the college was doing badly on human resources, physical structures and finances. She emphasised that the college needed to invest more on lecturers if they want quality .The participant verbalized lack of mentoring by professional nurses, absence of clinical accompaniment and minimal clinical learning opportunities .She therefore stated that she was not ready to practice.

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ANNEXURE 13

AUDIT TRAIL

Partici-pant	Statement	Theme	Category	Sub Cat
A 1	*"We have a simulation room that is so out-dated. I even think only Florence Nightingale would understand what is happening there, because everything is the equipment that she used in her time. We get there, we get so frustrated. We have to practice pelvic assessment, the bones that we are using are broken, and we have to assume everything, and that is not how we should learn. ... Assumption (stressing) .I think we will become the best stage actresses. We are acting most of the time. We can't really show what we don't know".*	1	1	1
B 4	*"The only things is uhm yes, there is a simulation room for us and so on. If they could have maybe, proper dolls and so on for us to practice on. Uhm, like for an instance, the arm that we use for the intravenous, some of the things they are overused. So they don't work that, that proper anymore.*	1	1	1
A6	*"What I will want to talk about mam, ke (is) simulation and induction of skills. The skills induction, it is a challenge because we do not have such here at school. I think if maybe we can have something that is more similar to a hospital setting or a ward setting. For that matter, not even a hospital, a ward setting... where we can, before going to the clinical area will be seeing and being taught how practicals are being done. "*	1	1	1
A 2	*"Not caring as to whether we are meeting the learning objectives. Like they have never ... I don't even think that the*	1	1	2

	people who are supposed to interview us, I mean to supervise us, the immediate supervisors, which are the sister in charge, I don't think they even get to see the learning outcomes .Cos when we are there, they just don't even know what level you are in., what you are supposed to be learning, everybody gets treated the same way. You are student, you will do the urinalysis, you will be sent to the lab, and you will do this and that (agitated and throwing hands). They don't really care (shaking head). "			
B 5	*"They ask when you come in the ward , where are your objectives, but there are situations where they are caught between the rock and the stone, they have got staff with their objectives, but they short hands that can help them, maybe to push their routine. That's where you find our objectives being compromised"*	1	1	2
A 5	*"You find that your learning objectives are for level 2, but when you get to the wards, you are being allocated to level 1 scope because of your numbers in the ward. You find that you are about 10 to 12 students in the ward... and your level 2 objectives are left hanging because of the large numbers of students that, that we are having at our wards"*	1	1	2
B1	*"One other thing is like, I was complaining about, lack of mentorship in the clinical facilities. I mean if, if you are working under a professional nurse that does not care, ya (yes), it's a big problem".*	1	1	3
A 3	*"Ok, uhm, what I'm, I'm trying to say here is , we , we will be delegated to go for clinical practice for a certain period of time , and we would complete that placement without any of our tutors coming to see if eh , the objectives that we have to do for that particular period are being done".*	1	1	4

A 4	*"It happened that I was in a class that had plus – minus 160 students with, eh, eh, one lecturer teaching the module...It affects our interactions, and again these high numbers again, uh , the class you attend in , the system they use for facilitation, some will be there at the back in the class, they cannot see well or they cannot hear"*	1	2	1
A 5	*"What I was trying to say is that you find that a lecturer has about 150 students in a class"*	1	2	1
B 2	*"Eh, at this moment, we find that, eh, the contents of the modules individually, they are a lot. And when you look at the periods that we are having exactly at our classes, you find that the modules are not covered, and you find that eh, at some point, some contents are not covered on time, and some are run, some are just being run over, because there is no time"*	1	2	2
B 4	*"Very large. There is a lot of content that we need to grasp in a small time. And uhm, ja (yes), it can be difficult, but you need to be committed"*	1	2	2
A 3	*"Because now we already have the challenge with the numbers and also type of eh, lecturers, lecturers that we receive, because now, they are not the same. In terms of the age if we have an elderly tutor, would expect eh, let me rather say, because now the tutor is old, he or she will not be active in class. Some of the things will be omitted and sometime they will not make it to class. They will be just, learning outcomes that will be handed and then all the responsibility will be left upon us. We have to prepare, and some of us will go in front and present and then it will be like 100% of the work is done by you students and they are even absent during the presentations. "*	1	2	3
A 1	*"Uhm (pause and takes a deep breath) Special... really (followed by a hearty laughter) It was something you don't just experience around. I felt special, like, I felt, I was*	2	1	1

	grateful towards the lecturer, because it helped me and, I passed (giggling throughout").			
B5	*"I think the lecturers attitude is very key, because once your lecturer is good, and once you have the same vision and the same eye with the lecturer, you also enjoy the content that she is teaching, but once the attitude is not good, it's obvious you hate the attitude, you hate the lecturer, you hate the subject, basically that's where the problem will come in".*	2	1	1
B4	*"Mam, what I have seen is that, most of my educators, they loved being nurses. And they have influenced me as well, so much so that I even think of going post basic towards midwifery. Mam B..., I can say it for honestly the way she is passionate about midwifery, it's a big influence on me .She loves it so much and you can't help, the way that she is presenting and everything, you can't help to know more, to see more, and you can't wait to go to the facilities to see what is happening there. She will explain something to you in class so nice that when you go to the facility, oh, ok, this is what mam B... was talking about, ok now I see this. Oh, this is what asphyxia looks like, you can't wait you want to see"*	2	1	2
A3	*"Ok, in terms of the quality of nursing education at our college, I would say, looking at the theory and practical sides, theory that I got from 1st year, I would say the foundation was great (smiling), because it helped me to be able to stand and be able to prepare for my own modules and cope, because if the basics that I got was not as good as I think it was, then I would be struggling to continue,*	2	1	2

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A3	*because 1st year really , it was good in terms of the tutors , the lecturers"*	2	1	2
	"They would just show you how they do it in the wards, so it becomes something else, that we were not demonstrated at the college. So it's a bit challenging, because when we are in the clinical facilities we do something else and when we are at the college, theory is something else".			
B4	*"When I came here to school I had an attitude towards midwifery, but the type of mentor that I received in the institution, changed my attitude towards midwifery, now I feel I can go and work in a midwifery ward or maternity compared to the time when I came here".*	2	1	2
A3	*"Uhm (takes a deep breath). Like I'm saying, we, we feel like we do not have a choice, because now we tell the managers that we are here for this, and the manager would say: "This is my facility. I'm saying I need you to do this ... Like the last time we told the manager there at the clinic, we are supposed to go out to this particular psychiatric patient, then she actually said: "If you gonna leave at 10:00 you must go forever. Don't ever come back here, this is my facility. So if you wanna do as you please, go".*	2	1	2
A6	*"And the professional nurse at the clinical level they will always ask us, how your lecturers can bring you here, they don't come to show you things. They will be shouting at us, but we will be availing ourselves. Looking at what they are doing"*	2	1	2

A2	*"Uhm ... (takes a deep breath) Resources ... resources. That's where we have a big problem (very emphatic). Uhm, I will start with infrastructure. Uhm ,(then giggles).This college when it was first built, it was built for classes that had twenty or less learners at the time, right now, they did not only increase , but kind of quadrupled or more than that and nothing has changed. So, infrastructure wise we are lacking. "*	3	1	1
B5	*"If I have to give an honest fact, I would say they are disastrous if it is a word to use. The first thing, we have a shortage of classes. If it is not shortage of classes, then the classes are too small for the numbers that's in there"*	3	1	1
B5	*"If it is possible for the college to broaden the library. Like I said, the library is very small; there is not enough books for everybody when they want to come for referral and so on."*	3	1	2
B4	*"Concerning the library that we have, it is too small. The number of students that we have, really, it does not accommodate even a quarter. So it is poor"*	3	1	2
A5	*"In this institution they do not make provision for using the internet at all (emphatic).There is no WIFI and there is no working computer laboratory or something of that nature. We do not have at all... The institution is disadvantaging or it is promoting future nurses that are not well equipped with computer skills"*	3	1	3
B3	*"I think the college management should prioritise WIFI.I mean these days it's very rare to find a tertiary institution that does not have WIFI for their students"*	3	1	3

B6	*"But in our school, it's only until this year that we have a computer laboratory, which is not even operational yet. It's not open, yet to be used. There was never technology, and once you are in school, there was not even WIFI. I mean that, a basic thing any learning institution would have, we don't even have that, so you rely on your pocket to get access to data. And (pause), sometimes we know that the cell phone network, and, uhm, the cell phone network is a problem. It would be better if we had the WIFI, and maybe the reception was good at our college. I find that most of the time when I'm studying , especially in our nurses home I can't even get a good , clear reception . So we have a problem. It's just not good for adult learning".*	3	1	3
A2	*"So with the human resources, concerning the lecturers, eh, the college is really struggling with HR. You find that the number of lecturers is, the numbers of lecturers are minimal, so that one is a serious problem. You find that lecturers cannot cope with large numbers, when it comes to HR, so it's a serious problem. It needs attention that one".*	3	2	1
A5	*"Eh, the resources let me start with the human resources. Eh, the human resources (HR) there, (pauses and close eyes), there is a lot of shortage after all. It's the main thing, the shortage that we have. So we only have 16 lecturers, if I am not mistaken, including the HOD's. On its own it's a problem because these sixteen lecturers they have to be divided. Putting in mind that there is Psychiatry as a speciality, and we have Midwifery as a speciality. We should exclude lecturers and HOD's of these two specialities. Meaning we might have about 8 or 9 lecturers who will deal with the entire, eh, eh, modules and*	3	2	1

	everything which is left, which is GNS, Fundamental Nursing Science and Community. So with the Human resources it's a big problem. So it's going to really, it's really, really affect the entire college".			
A4	*"And also we need more education staff. We need more lecturers. We cannot run away from that. Whatever, they must just avail the budget, the department of health must avail budget. They must go out there, and motivate the other employee; there are a lot of professional nurses that have got education sitting at the clinical services. They must just go and ask them to come and help at the college if they want to produce quality nurses. If they want to invest in the nurse's future, they don't have a choice".* *"We have lecturers now that are left, they are close to retiring. So when they are leaving, what's gonna happen? In 2 years coming, it will be a serious challenge in terms of eh, tutors".*	3	2	1
A 2	*"You find that if there are about 10 posts, you find that there are ten posts being advertised but you find that there are only 2 or 3 lecturers who will come at the end of the day and even those lecturers do not usually stay for a very long time at the college. Not knowing the reasons behind, whether it's personal or its work related.... The reasons eh, for the lecturers being less at the college we really do not know, what's pushing the lecturers to go at the college we really do not know".*	3	2	2
A 3	*"Uhm, I will be lying in terms of their qualifications, but what I , my own personal understanding is that everyone must maybe go through a D4 (meaning a basic diploma in general nursing , community , psychiatry and midwifery)*	3	2	2

	and do Education to come and teach, that's how far I know"			
B 2	*"It is good quality. Maybe if I, eh, may support what eh, statement. It is good because the lecturers, that are giving us lectures here, are the people who previously worked as health care givers. That's my reason and reason being that they are trained to be educators"*	3	2	3
B4	*"For we are on the bursary system. So, uhm, we get given the transportation costs to go to the clinical area, and then they will pay us R200.00 a week, and it gets paid upfront for the semester. So we are awaiting since this is our second semester, we have just finished the theoretical block, we are supposed to go to the clinical services and you think that the money should be paid before you actually go there, but as I speak now, it's Friday, Monday I am supposed to report on duty, we have not yet been paid (sarcastic giggle)."*	3	2	3
A6	*"At times our books do not arrive in time, so that we can start our modules with our own textbooks"*	3	3	1
A2	*"To my opinion we have a challenge. More especially us students who have got required prior learning, that we are not, we don't get books. Sometime the challenge of getting books is not about money. It's just that the planning, I think the planning here at the college if maybe they use, maybe they say , next year you will be at that level, 2nd year learner , here are the books that you are going to use. Then I prepare myself, I buy the books".*	3	3	1

A4	*'The only problem I have encountered for now, especially in our college, I won't speak for other colleges, I don't know if they have the problems, but here, especially because this is the college that gets most people who are older, like over 30s and because we get seconded officers that have been nurses for over 20 years, and now they are on study leave, there is a problem when it comes to communication, especially in the English language. And we understand that there is eh, the medium of instruction .What I would recommend over and above the content that we get, they should just have the communication class where they are prepared. I mean, I have never seen a report written in any language other than English. And we know nursing is always about reporting, so, if we are letting them to go and they cannot express themselves in the language. One day they will stand in court, what are we saying"?*	3	3	2
A6	*"The majority of the students attending at this college, they don't have a clear English background neh, eh, I forgot to actually emphasise that I believe from 1st year, there should be a subject that actually improves on the quality of English of some learners. So that, because sometimes it is not to say the learner does not understand the question, it is more that they cannot express themselves".*	4	1	1
A2	*"...It's not always as easy as it seems. You have to be dedicated. You have to put yourself in there, otherwise you won't make it. And yes, the English language is not our mother tongue, but if you can try at least to grasp it better, to, to go out maybe read an English book or something like that just to get your English, eh ,more , how can I say it , more out there , you will be fine. "*	4	1	1

B6	*"I would say level 4 very poor. You get the script, eh, like myself I will be in Rustenburg, I am studying in Mafikeng. We would write all the tests from module 1 to 6 and by the time that we are living, travelling day, then we would have received 2scripts for each module. Let's say Psychiatric Nursing Science we wrote 3 tests, and Midwifery Nursing Science we wrote 2. So you would have 1script for Psychiatric and 1 for Midwifery. So it's not that good because now when the students who are in Mafikeng get the feedback, we are not around. We do not get the information that concerning the content eh, the performance and all that. So we miss out because we are not there, we do not get the feedback. We just receive the scripts. So if you do not take it upon yourself to call the tutor, maybe if we have some concerns, so it becomes our loss, nothing can be done".*	4	1	1
B4	*"Uh (rolling eyes) .You get your script that is marked with some notes if you are lucky. Sometimes you find that lecturers will come and they will give feedback as how you performed, but sometimes when they come, I mean the scripts; you are already at the clinical settings because there is never free time at the college. If you are not in class you are at work, and there is no feedback. You just being told come and collect your script, and you are just handed over the script, there is no feedback at all. So I would say 70% of the time, there is no feedback as how you performed. You just see it in red pen".*	4	1	2
	"We don't have anywhere to consult, so we have to go to Unit 9, get the nearest clinic. Again in terms of that we are			

A4	*nursing students but we don't even have a mini clinic in the college where we can consult.Because what we say is, we say health is holistically, physically, emotionally, spiritually and we need to cater for that, but we feel we don't get such; we are not fulfilled at all".*	4	1	2
A2	*"We do not even have a campus clinic, where we can just go and check your BP, and that I do not understand. I really do not understand (emphatic), yet we have youngsters, uhm, uhm, females, child bearing age. They cannot even go for simple family planning clinics for their contraception's. If you, our lecturers are professional nurses, they can offer that, right here at the college. "*	4	2	1
A3	*"... and again, like I was saying earlier, our college has got a lot of mature students, like they are older, the over 30s, some of them are married, they are mothers and as a person you encounter some personal problems and at the same time you are required to come here. And they just need support ... I would think that there should be a social worker, somebody that can come to the college and we can talk. Universities have that. Why don't we have that? We are also a tertiary institution".*	4	2	1
A2	*"Our relationship with our lecturers at the college is strictly business; you are here to acquire nursing education, that's it. Our social needs are not being catered for".*	4	2	2
	"Other neeedssss...psychological... oh well...I mean, for me, nna (I), for me, my only contact with the staff of this			

A2	*college is only the lectures. I know there is a social worker here, if, if, if you need to contact her, but I have never used her services, because ya, I have never had a need to see a social worker here".*	4	2	2
A1	*"Ok when we started in first year, the residence was not that nice. There were lots of rats and cockroaches and that kind of thing"*	4	2	2
B1	*"It affects us, more especially when we want to study as in a group. When we want to discuss in a group, the advantage for the students who are staying at the college here at the hostels, they are able to come together, let's say in the afternoon if they want to study in a group, they are able to come together. But the one, the student who is going out there, let's say if he or she is staying far off from others, cannot meet with others so that she can read together, study together".*	4	2	3
B4	*"The nurses home also, we have a challenge of accommodation. Especially for us that are doing clinical practice in Rustenburg, because when we leave, we are supposed to leave with all our belongings. When we come back, we do not have anywhere to go .The rooms that we were occupying before, they have been given to someone else, and so it really affects us a lot. And we feel like we are not part of the students somehow (sounding very sad), because every time when we come, we have to struggle for accommodation. We have to settle down; you don't know where you are going to stay. So it's a bit challenging. It affects us a lot. You become so negative, we feel like we cannot wait for the course to end."*	4	2	3

A6	*"It is always relevant. There is nothing that we have been doing which is irrelevant since, since level one up to now. I did not see something that no, this, why did I do this. No, it is not irrelevant".*	4	2	3
A3	*"Uhm, I find it relevant and accurate and also reliable (stressing). Most of the things that we do during theory, eh ,we need them when we go to the clinical practice, in terms of nursing care, management how to utilise other equipment, how to take blood pressure for instance. So it is what it's supposed to be like, the way it is in the text books and how the tutors would demonstrate some of the things. So I would say it is reliable, yah, and relevant".*	5	1	1
A6	*"Eh, eh, like I said, maybe if I can, maybe give an example. In second year we were doing General Nursing Science, so (coughing), like when we do conditions, you get a clear picture of what is going on, maybe what's wrong with that person, like maybe if somebody is suffering from anaemia .When we do anaemia, we do different types of anaemia, and then when you see them at the clinical setting, it still ya...You get taught and you a learn a lot. "*	5	1	1
A3	*"When we were doing Midwifery Labour, the lecturer said to us that you do not support the perineum when the baby is coming out, neh, because you might hinder the natural rotation that is happening within. Now when you are getting to the facility, the sisters are saying something else, they are saying, no, support, because now if you do not support the perineum is going to be torn. So you become in the middle, to say what should I do, do I do what the lecturers taught me to do, or do I do what the nurse is here to witness when I am assisting to deliver someone else".*	5	1	1

B1	*"Check this thing for an example neh, the delayed cord clamping (DCC) neh .DCC is a new, it's not a new phenomenon, but it has now been given eh, a green button to know, like it should be practised. It's not in our books, it's not in Miles, it's not in Miles, and it's not even in the maternal guidelines. So what's gonna happen to the learners that are studying at this college that are going to follow the maternity guidelines? They don't have access to internet that would show them, that now DCC is being practiced, as a midwife you should be doing it. So you go to Klerksdorp hospitals, most of the midwives are from here and they do not practice DCC".*	5	1	2
A3	*"Yes, we become the working force .We would be delegated to be in a consulting room, 2 student nurses alone, and when we experience challenges, maybe the patient has this and that, that we do not know, and we do not know what to do, we will have to go, to consult in room 1 or 2, to the professional nurse that is on duty and present the patient"*	5	2	1
A5	*"When we get to our wards, mostly, we are not treated as students, we are there to work."*	5	2	1
B5	*"Once you enter the institution, to them it's a plus to their hands. Sometimes they do not give you enough time to learn. You become a worker at the end of the day and as a student you have got objectives that you must fulfil there at*	5	2	1

	the institution...As much as I want to learn, here you make me more of an employer than a student".			
A6	*" Also with the scope of practice, they will be seeing you are a student, but there will be that thing to say because you are doing comprehensive course, then you are able to do all those things whereas you need that direct supervision".*	5	2	2
A3	*"I have this patient; problem is one, two, and three. And the sister would actually say: "Ok, Give this one, two, and three and do this and that". Then you go back to the consulting room and you'd actually do everything, write the report, do whatever that we have been told, and at times they would not even sign, countersign for the work that we would have done for the day. And again it exposes us to other things, legal implications of this and that".*	5	2	2

ANNEXURE 14

PROOF OF LANGUAGE EDITING

P O Box 1915

Mahikeng 2745

7th December 2016

Professor M. A Rakhudu, Supervisor

Faculty of Science, School of Nursing

North West University, Mafikeng Campus

Mmabatho

Dear Prof. Rakhudu

PROOF OF EDITING: Student N. P. Mkhokheli

I would like to confirm that I have read and edited student Mkhokheli's dissertation, "Exploring the quality of nursing education at a college in the North West: Student's voices (sic)"

Student Mkhokheli's essay was an interesting read and there was logic in the thoughts and a visible effort to keep the rules of form and content. I have suggested a few adjustments which include appropriate referencing techniques, reconstruction of fragmented and run-on sentences, consistency of tense of reporting and use of register. I hope that student Mkhokheli will employ the changes to make her essay an acceptable academic document.

If you require additional information please do not hesitate to contact me.

Thank you

Dr. Tumelontle Thiba

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